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## Original Articles.

### COCAINE ANESTHESIA.\*

BY INGERSOLL OLMPSTED, M.D., HAMILTON, ONT.

*Gentlemen,*—When your President so kindly invited me to give a paper before your Society, I accepted with pleasure, not only on account of the honor you conferred on me by the invitation, but also for the pleasure it would give me in meeting again the members of the medical profession in London.

In searching for a subject which would interest you, I decided on Cocaine Anesthesia as one which would afford ample room for discussion. When in Berlin, in 1894, I visited Dr. Schleich's clinic and saw him make quite an extensive removal of a recurrent mammary carcinoma with his infiltration method. The efficiency of his very weak solutions of cocaine in producing complete anesthesia, together with the entire absence of toxic symptoms, was very striking indeed, and yet it was a long time before I felt justified in opening an abdomen with simply this form of anesthesia.

During the last few years I have used the infiltration of a weak solution of cocaine in a variety of cases, and the results have been all that could be desired. At first one feels hesita-

\*Read at meeting of London Medical Society.

tion in doing major operations with a local anesthetic, but after a short time one learns to know what structures give pain, and also how those may be made analgesic. You have all seen cases where a general anesthetic seemed contraindicated, and also many cases where unexpected complications have arisen, such as bronchitis and pneumonia, which are attributable almost directly to the general anesthetic. At first much too strong solutions were used for injection into the tissues, and as a result many cases of poisoning were reported. Now, however, with very weak solutions one seldom sees an unfavorable symptom which may be attributed to cocaine. Undoubtedly in many cases it is much pleasanter to work when the patient is unconscious. There are many cases, however, where a general anesthetic adds a not inconsiderable quota of danger. Take, for instance, a patient with obstruction of the bowel, where fecal vomiting has already begun. An operation under such conditions is a serious matter. In one case I saw with Dr. Mullock, in Binbrook, the patient was extremely reduced, with a rapid, irregular pulse and subnormal temperature. We first washed the fecal matter out of the stomach, and then did an enterostomy with cocaine infiltration. The patient had neither pain nor shock. She said that the lavage was infinitely worse than the operation itself.

The first great advance made in this form of anesthesia was the manner of injection of the liquid, viz., the intradermal instead of the hypodermic method. The physical condition thus brought about aids materially in producing the desired result.

It was found that very weak solutions of cocaine produced quite as efficient anesthesia as strong solutions. Another important point in the preparation of the fluid for injection was to have it isotonic, that is, its specific gravity and freezing point must be the same as that of the tissues. Plain distilled water when infiltrated into the living tissues will cause pain, while normal saline solution will give practically no sensation of discomfort unless injected too rapidly and with too much force.

On account of the frequency of poisoning with cocaine, other drugs were sought for which were less toxic. It was found that B. eucaïne had analgesic properties, almost, if not quite, as pronounced as cocaine and with a decided advantage of being much less toxic; unfortunately the analgesia was found by many to pass off too quickly for a prolonged operation. With the addition of a small quantity of adrenalin chloride the small vessels become contracted and the eucaïne or cocaine is retained much longer in the infiltrated area, and the anesthesia

is more lasting. Barker, for instance, recommends it strongly in combination with B eucaïne. The formula which he uses is as follows:

Distilled water.....	100 c.cm. 3½ ounces).
B eucaïne.....	0.2 gram. (3 grains).
Sodium chloride.....	0.8 gram. (12 grains).
1 pro mille adrenalin chloride.....	℥ 10.

The whole of the quantity may be used in one operation, and even twice as much has been used without the advent of toxic symptoms. He waits thirty minutes after the infiltration of the tissues before proceeding with the operation. The analgesia lasts, he says, for four hours. I have used the B eucaïne, but prefer the weak cocaine solution.

Corning found in 1885 that if a nerve be injected with a few minims of cocaine, the area supplied by that nerve became analgesic. Cushing took advantage of this in the performance of the operation for hernia. After infiltrating the skin with weak Schleich's solution (which is)

Cocaine hydrochloratis.....	0.1 gram.
Morphine hydrochloratis.....	0.02 gram.
Sodii chloridi.....	0.2 gram.
Aque destillata ad.....	100 c cm.

he used a few drops of a one per cent. solution of cocaine to inject the small nerves (anterior branch of the ilio-hypogastric, the ilio-inguinal and genito-crural) encountered during the operation. By following these few rules, the operation becomes almost painless. I say almost, because the sack of the hernia, which is a portion of the parietal peritoneum, is quite sensitive, and requires to be infiltrated also. With these precautions a so-called radical cure may be done with extremely little discomfort to the patient. One old man, eighty-four years of age, on whom I operated for strangulated hernia, and who was in great pain during the first part of the operation, ceased his cries immediately after the constriction was divided, and the strangulation relieved. A modified Halstead was done without apparently any discomfort to the old gentleman. There was no shock and he made a rapid recovery, and without any of the disagreeable sequelæ of a general anæsthetic. I have done only eight cases of hernia in this way, but of these, four were immutable for a general anæsthetic. One, a man of sixty-seven years, with chronic phthisis, nephritis, and a strangulated inguinal hernia. He could not pass his water, and I drew off a small quantity which was loaded with albumen, and contained granular and

hyaline casts. He had a mitral murmur, and marked arteriosclerosis. The third was a lady of eighty-two years, with strangulated femoral hernia. The bowel was gangrenous, and required resection. On drawing down the bowel she complained of pain, and she had to have a little chloroform. She died on the eighth day of uremia. These, with the case previously cited, were the only cases in which a general anesthetic seemed inadvisable.

In abdominal cases the patient can aid you materially at times by making negative pressure in the abdomen, and thus allow the closure of the peritoneum without the bowel or omentum coming into the wound.

It was formerly thought that cocaine solutions could not be properly sterilized, but further experience has shown that boiling does not destroy the efficacy of the drug, and I have frequently used a cocaine solution that has been sterilized two or three times, but usually a fresh solution is made and only boiled once.

There is one thing which should be always kept in mind when operating with a local anesthetic, and that is to handle the tissues with care, as any unnecessary rough sponging or retraction of the structures will give pain. If one retracts the parts gradually, it can be done without causing pain, but any sudden drawing back of the parts will give discomfort. For instance, in operating for appendicitis, practically the only structure which gives pain is the parietal peritoneum. One can stitch the bowel, and divide the appendix with the actual cautery without causing distress to the patient. When the blood vessels are clamped and tied there is always some pain unless a few drops of cocaine solution have been injected around them. If there are any adhesions it is always advisable to infiltrate them with some solution before separating them. In this way I operated on three cases through the grid-iron incision with very little discomfort to the patients. It is interesting to note that with the grid-iron incision, if the patient strains or coughs the fibres of the internal oblique and transversalis approximate themselves unless they have become paralyzed by too much retraction. The fibres of the tendon of the external oblique also come together, so that really there is almost no possibility of hernia forming. I have frequently seen Kocher stitch the peritoneum, and the fibres of the external oblique, leaving thus the deeper muscles without any sutures. When the muscles are brought together with sutures it is very important that these be not tied too

tightly, else the vitality of the individual fibres be destroyed, a mistake I have frequently seen operators make.

Local anesthesia is especially useful in gastro-enterostomy, and I prefer it to a general anesthetic. At times it is very difficult to empty the stomach before an operation of this character and several deaths have been reported where the patient has actually died on the table from drowning. This could scarcely occur when the patient has all his faculties.

It is in the neck, however, where local anesthesia is most useful. During the last three years I have done thirty-five partial thyroidectomies in this way, and Kocher says that no operator is justified in operating on an exophthalmic case with a general anesthetic. He uses a one per cent. solution of cocaine. In these cases all forms of antiseptic solutions should be kept from coming in contact with the wound, in other words the operations should be conducted aseptically. It is astonishing to see the patient undergo a goitre operation with very little complaining. If, however, the gland has been treated with all forms of iodine and other stimulating ointments, or has been thoroughly treated with electricity, many adhesions are encountered which hamper the surgeon, and give pain to the patient. A little chloroform might be given under such circumstances. In only one of my goitre cases was any chloroform given, and had the father of the patient, who was a physician, not been present, I think we could have done very nicely without it. The patients complain chiefly of the dragging and choking sensation when the gland is being dislocated.

My goitre patients have been taken from all classes of society. Many of them were young, nervous girls, and one was a lady of fifty, with a large heart affected with valvular disease. Twice have two sisters been operated on, and it seems evident that if the pain, fright and shock were so great as Deaver and some others seem to think, one patient would not advise her sister to undergo such an ordeal.

One old gentleman, seventy-three years of age, referred to me by my friend Dr. Stuart, of Milton, had a very large growth in the left side of his neck, which interfered very much with his breathing and swallowing.

He had a hypertrophied prostate, cystitis, and had led a catheter life for some years. He had lost flesh, and looked very badly. He certainly was a poor subject for a general anesthetic. It appeared to me to be a malignant growth arising from the left half of the thyroid gland. The operation was done under cocaine. The tumor proved to be a sarcoma, arose from the

perichondrium on the left side of the thyroid cartilage. The sterno-hyoid and sterno-thyroid muscles on the left side, and also the left sterno-mastoid had to be divided transversely in order to remove the growth. The lower part of the pharynx was also cut into. During this long operation the patient complained very little except when the sterno-mastoid muscle was cut. He had very little shock. Two years later Dr. Stuart reported that the patient looked well, had gained in weight and there was no sign of a recurrence. It seems to me doubtful that the result would have been as favorable had a general anesthetic been given.

Local anesthesia is indicated in operations on the larynx. Kocher uses a solution recommended by Steins of Moscow, composed of five per cent. of cocaine and antipyrin, with one per cent. of carbolic acid, to paint the mucous membrane of the larynx and trachea. This controls the coughing. In a case operated on recently, for Dr. Crawford, of Hamilton, the right half of the larynx, on which was a small carcinomatous growth, was removed. Fifteen minutes before the operation one-fourth of a grain of morphia was given hypodermically, and a few inhalations of chloroform were administered during the operation, but not sufficient to cause unconsciousness, in fact, he began to struggle, and it was stopped. The patient suffered very little pain, and had I another case to do, I would not give any chloroform. One can easily understand the advantage of having the patient conscious during such an operation. A little morphia (one-eighth to one-quarter of a grain), has a beneficial effect in cases operated on with local anesthesia. It is also wise in certain cases to have the ears stopped with absorbent cotton, so as to mask the sounds of the instruments. It is essential also to have regular trained assistants, so that the necessary instruments are given without being asked for. The patient listens to all the conversation, and if he hears the surgeon ask for a knife or a scissors, he imagines he is going to be hurt. Some on the other hand, like to see what is being done, but this should rarely be allowed, and the patient's eyes should be covered or protected by a screen from the surgeon and the field of operation.

Young, of Baltimore, uses spinal anesthesia in certain of his prostatic cases, and speaks highly of it. He uses a third of a grain of cocaine dissolved in the spinal fluid. He cites Goodfellow as being the originator of this method, but I think the credit belongs rather to Tuffier. When in Paris last spring I noticed that Tuffier operated less frequently with spinal anesthesia than formerly. In a double hernia which I saw his first

assistant do, the patient seemed to suffer more than mine have done with local anesthesia.

Quite recently Sampson has used local anesthesia in operating on the lower end of the uterus, and speaks highly of the method.

During the last three years I have used local anesthesia in more than sixty major operations. The list includes, gastro-enterostomy, enterostomy, suprapubic cystotomy, colotomy, appendicitis, hernia, ileus, exploratory laparotomy, partial laryngectomy, goitres and tumors of the neck, and I feel certain that life has been saved in many cases by using this form of anesthesia.

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### LYMPHO-SARCOMA.\*

BY BEVERLEY MILNER, M.D., C.M.,

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General Hospital

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*Mr. President,*—It is not my intention to take up any time by discussing the etiology of lympho-sarcoma. The different terms, such as adenia (Irousseau), lympho-sarcoma (Virchow), malignant lymphoma (Billroth), pseudo-leukemia (Cohnheim), and the more common term Hodgkin's disease, being used by different authorities to describe what is really one disease.

The mode of onset of lympho-sarcoma is so insidious that it is almost always fairly well advanced before it is discovered, there being no early symptoms to warn the patient of danger. The first thing to attract his attention being a glandular enlargement, which is most probably discovered by accident, the most likely situation being in the cervical region. In the early stage there is absolutely no other symptom, the patient feeling in the best of health. He may be more or less anemic, probably not sufficiently so to cause comment. On examining the tumor we find that it is quite hard, slightly 'moveable, and not very painful on pressure. The difficulty now will be to distinguish from tubercular glands, and the only sure method is with the aid of the microscope.

The treatment, heretofore, has been far from encouraging,

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\*Read before the Ontario Medical Association, June, 1904.

our text-books giving us no light whatever. We are advised to completely remove the diseased glands, but if this is not practicable, to try phosphorus and arsenic, etc., and general toxic treatment, finally being given the comforting information that all medicinal measures are of no avail.

The treatment which I wish to bring before your notice to-day is that advocated by Dr. Morton, of New York, and which will be outlined during the recital of the history of a most interesting case which came under my care a few months ago.

Before going any further I wish to say that I believe in a radical operation in lympho-sarcoma if the disease is recognized early, otherwise by all means do not attempt it.

#### NOTES FROM CASE BOOK ON CASE OF LYMPHO-SARCOMA.

Jan. 3rd, 1903.—Mr. H. P., age nineteen; family history good, save that one paternal aunt died of some form of malignant tumor.

*Personal History.*—Past: Never any illness save a mild attack of diphtheria several years ago. Present: Last week while dressing noticed a swelling above the left clavicle; no pain or any other symptom indicating its presence. On inspection a firm glandular enlargement was found in left supra-clavicular region. Tumor very firm, slightly moveable, only slightly painful on pressure, and about the size of an egg. Glands in neck and axilla normal. Patient's general appearance that of a well built, healthy young man, though somewhat pale, which he says (and was verified later by his parents), is his normal appearance. No cough; lungs, normal; heart, normal; urine, normal; bowels, regular.

*Diagnosis.*—Either tubercular glands or sarcoma. Advised immediate operation.

Jan. 7th, 1904.—Operated at Toronto General Hospital, assisted by Dr. Powell. Found a mass of glands which were firmly matted together, and which were removed, revealing another mass beneath the clavicle, also another mass in the mediastinal space. These were not interfered with as malignancy was suspected. Report of examination of glands by Dr. Anderson: Large round-cell sarcoma of lymph glands. Examination of blood at Toronto General Hospital: Normal, save that hemoglobin was only about 70 per cent. Wound healed nicely, stitches removed January 17th, 1904.

Jan. 21st.—Consulted with Dr. Coley at New York, diagnosis confirmed. Dr. Coley advised the use of Coley's toxins

and the X-ray, the former daily and the latter every other day. This was followed out as the following statement will show:

Jan. 24th.—Coley's fluid, two minims, by hypodermic, and X-ray, fifteen minutes.

Jan. 25th.—Coley's fluid, three minims.

Jan. 26th.—Coley's fluid, four minims.

Jan. 27th.—Coley's fluid, six minims; reaction; chill; temperature, 103; X-ray, fifteen minutes.

Jan. 28th.—Coley's fluid, six minims; slight reaction.

Jan. 29th.—Coley's fluid, seven minims; decided reaction; temperature 103 1-2; X-ray, fifteen minutes.

Jan. 30th.—Coley's fluid, six minims.

Jan. 31st.—Coley's fluid, seven minims; X-ray, fifteen minutes; tumor much softer.

Feb. 1st to 28th.—Coley's fluid given daily; reaching a maximum of 16 minims with a reaction about every third day; X-ray every alternate day. Original mass not getting any larger, but other glandular swelling appearing in the left cervical region.

March 1st to 31st.—Same treatment; glands in the right cervical region becoming involved; the X-ray reduces some of the enlargements, but has no effect on the original mass; the upper part of the left thorax is markedly dull on percussion.

April 1st to 30th.—Same treatment; reaction every third or fourth day; dulness in left thorax spreading; complains of restless nights, owing to profuse perspirations.

May 1st.—Glands in left axilla are becoming tender and enlarged.

May 5th.—Coley's fluid, fifteen minims; reaction; temperature, 104.

May 6th.—Coley's fluid, twelve minims; X-ray to all affected parts; glands in neck small and knotty; glands in axilla much enlarged and painful; complains of pain in arm when walking.

May 10th.—Treatment same; no change in axillary glands; left cervical markedly reduced; right cervical, chain of enlarged glands extending from below the ear to clavicle.

May 11th to 31st.—Treatment same; dulness in thorax extending; spleen markedly enlarged.

June 1st to 26th.—Treatment same (Coley's fluid every alternate day); extension is gradual; thoracic dulness more marked.

June 27th.—Discontinued Coley's toxins.

July 1st to Aug. 5th.—X-ray every alternate day. Condi-

tion about the same. Patient went to Muskoka for change Aug. 5th.

Aug. 25th.—Scarcely any noticeable change since Aug. 5th; cervical glands more enlarged; thorax about same condition.

Sept. 1st.—Resumed X-ray treatment; exposing each side of neck, thorax and axillæ. Thorax examined: Area of dullness much greater than a month ago. Heart: Apex displaced 3-4 inch to right. The whole left side is larger than right side, seemingly due to fat deposit; pulse, 98; respiration, 22; cough present at night.

Sept. 30th.—Result of the month's treatment not encouraging; gradual extension of disease; cough very troublesome; dyspnea at times distressing; heart's action increased; pulse 110; some difficulty in swallowing. Thorax, dullness over entire left side; respiratory sounds very faint; heart displaced 1 1-2 inches to right (at apex); X-ray burn on left side above the nipple.

Oct. 3rd.—X-ray discontinued for a few days to allow the burn to granulate.

Oct. 12.—Dr. Dickson examined patient, advising persistence with X-ray, as it appears to hold the growth in check.

Nov. 11th.—Visited Dr. Morton in New York regarding the use of X-ray with quinine fluorescence.

Nov. 19th.—Commenced treatment advised by Dr. Morton, giving fifteen grains of bisulphate of quinine an hour before X-ray exposure; exposure lasting forty-five minutes; patient three feet from tube, using a very high vacuum tube. Patient's condition at this stage could scarcely be any worse; dyspnea very distressing; coughs at every attempt at conversation; heart's action very weak and rapid; pulse, 130-135; thorax, complete dullness over whole left side; mucous rales in right bronchi; heart displaced at apex about three inches to right (this is what the apex beat would indicate); patient unable to lie down; general condition getting markedly worse; cervical and axillary glands much enlarged; pain in left arm very acute at times; spleen greatly enlarged, can be readily felt three inches below the last rib; mesenteric glands apparently not affected, nor are the inguinal glands; patient's weight, 124 pounds.

Dec. 1st.—No marked change.

Dec. 9th.—Patient says that last night was the first night for many weeks that he has had a good rest. No cough. Examined thorax: Undoubted improvement; axillary glands nearly normal; cervical glands much smaller; area of dullness about same.

Dec. 16th.—Improvement during the last week has been

most marked; heart displacement only 3-4 of an inch at apex; pulse, 88; respiration, 20; no dyspnea; cough entirely disappeared. Chest examination: Right side normal; left side, dullness not so marked, but still general. No enlarged glands, save in the left axilla, this part being protected from the ray on account of the burn, which is still troublesome.

Dec. 23rd.—Patient says he feels perfectly normal, except for the inconvenience of the X-ray burn. General condition good; weight, 135 pounds.

Jan. 1st, 1904.—Still improving; right side, normal; left side, respiratory sounds more distinct, especially in axillary line and behind; dullness not so marked save towards apex. Heart: Percussion not satisfactory on account of general dullness, but heart appears to be in normal position; pulse, 80; respiration, 20; no disagreeable symptoms whatever; patient says he feels quite normal.

Feb. 4th.—Stopped X-ray to-day for a week.

Feb. 9th.—No change. Ray burn seems to be healing; resumed treatment.

Feb. 18th.—Patient says he has "caught a cold." Has been sneezing; nasal discharge; had a chill last evening; complains of feeling chilly; frontal headache; limbs and backache, etc.

Feb. 18th.—Visited patient to-night; has all the symptoms of grippe; temperature, 102; pulse, 120. Examination of chest: Breathing a little harsh on the right side.

Feb. 19th to March 18th.—Patient rapidly developed a pericarditis with effusion; edema becoming general, especially over the back and abdomen and scrotum; very little in the lower extremities; no enlargement in cervical, axillary or the inguinal glands; heart weakness very marked; dyspnea very distressing. This persisted until March 18th, when the patient died.

It will readily be observed that in the case of this patient that Coley's toxin had no effect whatever on the disease, other than a possible softening of the original mass, and which was only temporary. It will also be observed that the X-ray as at first used had no effect, except on the superficial glands, and that it was impossible to keep pace with the rapid progress of the disease. Also we see the great danger of ray burn to the patient, especially when it is necessary to expose several parts during one treatment. One ray burn may be a very serious matter, and cause a delay possibly of weeks in the treatment, which is a very serious matter when we consider that success, if it is possible, depends upon the continuous treatment. With the aid of quinine fluorescence the great danger of ray burn is very slight

and it is possible to expose the patient to the influence of the ray every day, from forty-five minutes to an hour.

Quinine *per se* has no effect in this disease. It is solely on account of its fluorescent properties that it is useful in connection with the X-ray, which may be demonstrated by taking a solution of quinine bisulphate, say, one grain to the ounce, and place inside a fluoroscope which has been wrapped in several thicknesses of black paper, and exposing to the X-ray, when the bottle of quinine solution will be seen most distinctly fluorescing.

Quinine bisulphate is used in preference to the other salts of quinine, on account of its solubility, being soluble in one to twelve of cold water, while the sulphate is only soluble in one to seven hundred and forty cold water.

The quinine should be given in large doses, commencing at ten grains, increasing up to fifteen or twenty grains daily, an hour before exposure to the X-ray, and the treatment kept up daily.

The tube should be one of high vacuum. This is all important. A low tube will not give good results, according to Dr. Morton. By a high tube is meant one that will at least have resistance sufficient to back a six or eight-inch spark. The patient should be placed about three feet from the tube, and the exposure should last from thirty to forty-five minutes, or even one hour, according to the severity of the case, the patient being turned from time to time, so that all the affected parts may be exposed. This treatment should be persisted in as long as good results are obtained.

As to just what tissue change takes place I am not prepared to state. In some situations a decided softening occurs, the enlarged glands becoming normal so far as one can judge, while in others the enlarged glands shrink and become quite fibrous. This corresponds to the theory of some authorities, that a fatty degeneration ensues in some cases, while a change to fibrous tissue occurs in others. I am sorry that I was unable to obtain a post-mortem examination in this case, and thereby determine what changes actually did take place, yet I am convinced that great good may come from the use, especially the early use, of quinine fluorescence in all cases of sarcoma, but on the other hand, unless used properly and with a powerful X-ray apparatus, using a high vacuum tube, anything but good results may ensue.

## CASE OF HYSTERECTOMY FOR FIBROID TUMOR OF THE UTERUS: RECOVERY.\*

BY A. LAPHORN-SMITH, M.D.,  
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Mrs. —, — years of age, consulted me at the Montreal Dispensary for an enlargement of the uterus, which she had noticed only about three months ago. She was a very ill-looking woman. Her skin was sallow, her eyes sunken, her cheeks hollow. She had a heart murmur, a very weak pulse, generally emaciated, albumen in the urine. Altogether she was in such poor condition that when I sent her into the Western Hospital, for removal of the uterus by abdominal section, my house-surgeon telephoned me to come and see her again, as he hardly thought she would stand an anesthetic.

Nevertheless, I decided to operate, for she was having profuse menstruation for the last five years, lasting five days every month, and I felt sure that bad and all as her condition was, it would certainly not be better until the cause of the trouble was removed.

Like other gynecologists who have watched the course of a large number of fibroid tumors, my opinion as to the harmlessness of these tumors has undergone a great change during the last ten years. Formerly we never thought of removing them until they had attained a very large size, and even then we were inclined to delay operative interference from year to year and depend upon medical or electrical treatment, in the hope either of diminishing the hemorrhage or arresting the growth of the tumor, or even of carrying the patient along until the menopause should arrive; but after a time we found that the menopause did not come on at the usual period, but kept up for five, ten, or even fifteen years longer—if the woman lived that long. Moreover, we found that many of the women who had fibroid tumors, even after the flow had stopped, continued to fail in health, generally dying in ten to twenty years before their time from disease of the kidneys, due to pressure of the tumor on the ureters, or from constipation and indigestion, owing either to pressure on the stomach and intestines, or, perhaps, by reflex action, due to irritation of the great sympathetic nerve. Others died from dilatation of the heart, due to defective nutrition, causing dilatation and then failure of the valves to meet, so that the blood regurgitated into the lungs and venous

\*Read before the Medico-Chirurgical Society of Montreal, March 24th, 1905.

system. Then, again, in quite a number of cases, we found that a tumor which at thirty was distinctly fibroid, and presented no evidence of malignity, became transformed at forty to fifty into a distinctly malignant growth, very often breaking down in the centre, suppurating, and causing septic infection. The writer has seen one or more of all these accidents occurring among the two hundred and odd cases of fibroid tumor which have passed through his hands, so that he now looks upon a fibroid tumor the size of a fetal head not merely as a solid tumor of that size, but as an object with immense possibilities, far beyond its size, for endangering the life of its possessor; and he now feels it his duty to urge his medical friends to look for these cases, by examining every patient with any of the above mentioned symptoms, and if any decided enlargement of the uterus is found, not due to pregnancy, to have her case further investigated, so that if a fibroid tumor, even the size of an orange, is discovered, steps may be at once taken to enucleate it if it is subperitoneal or submucous, or to remove the uterus with the ovaries and tubes without delay if it is interstitial.

This brings up another point for consideration: Why not leave the tubes and ovaries? The answer is very simple. Careful examination of these organs in many hundreds of cases after the uterus had been removed for fibroid tumors has shown, almost without exception, that the ovaries and tubes were diseased; in many of them there being dense adhesions, while in others there have been hydrosalpinx, pyosalpinx, ovarian cysts, etc., so that on account of the ovaries and tubes alone, one is, in most cases, justified in operating.

Another great advantage in earlier operating is the almost total absence of mortality, if the uterus is removed before it has attained the size of a cocoanut, and the arteries can be tied so effectually, before being cut, that the operation is practically a bloodless one, only from one-half to two ounces of blood being lost from the patient. Secondly, the operation is very quick, twenty to thirty minutes sufficing in an ordinary case, if one has good assistants; and it is well known that the mortality runs pretty closely in proportion to the number of minutes during which the patient is under the anesthetic. The general practitioner who discovers a fibroid tumor early, and urges its immediate removal before it has become adherent to the surrounding organs, and before it has had time to exhaust the woman by a hemorrhage, or to ruin her kidneys, thereby renders the mortality of the operation almost nil, while if the tumor is allowed to grow large and the patient to run down, a longer time will be required for its removal, and the risk of anesthesia will be much greater; also there will be more hemorrhage, so that a small death-rate will be impossible, even for the best operator.

But in the patient of whom I am speaking to-day the cervix was long and hard, and as she was exceedingly emaciated I had no difficulty in feeling the uterus very plainly, and there was no sign of there being a sac full of water, as is the case in pregnancy, the whole mass being densely and tensely elastic.

After several hot baths and the preparation of the bowels, her abdomen was opened by a single stroke of the knife, the tumor seized and drawn out, and the three arteries on each side quickly tied. The anterior and posterior flaps of peritoneum were dissected off; after which the cervix was hollowed out, so as to give two flaps, which could easily be brought together, and then the peritoneum was closed by one single running catgut suture, going through the left ovarian artery and ending at the right one.

The operation lasted about half an hour, and as the patient had lost no blood, and as her bowels were not seen at any time during the operation, she went off the table with a pulse of eighty and without any fall in temperature. She made a rapid recovery.

I have seen many of these women a year or two later, looking so robust in health that I scarcely recognised them, and all perfectly certain that they would choose the same treatment, viz., removal of the tumor, if they had to go through it again.

After the tumor was removed, I cut it in two, and tried to enucleate some of the growths. This could be done to some extent, but it left a ragged shell of an uterus, which it would have been impossible to bring together so as to avoid a collection of serum.

I might add that the danger of the operation by our present methods is almost nil. I had a run of twenty cases a few years ago, and only lost the twenty-first one because she was sixty-five years of age and had a cerebral hemorrhage during the operation, for she was paralyzed when she regained consciousness, and remained so until she died, more than two weeks later. This case now reported is the twentieth since then without a death.

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## Selected Article.

### WESTERN CANADA'S HOSPITALS.

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In our October issue (*Resources*, Montreal) we attempted, in the article "The Weather of the West," to give to the growing public interested in the North-West Territories some definite idea of the climatic conditions there. Almost the first point upon which an intending settler wishes to satisfy himself is whether the prospective land of his adoption has a healthy climate. To the man who has satisfied himself that in Assiniboia, Alberta and Saskatchewan not only are the weather conditions admirably adapted to wheat-growing, ranching and mixed farming, but equally enjoyable to the human beings engaged in these occupations, we would now present some facts as to another very vital point, viz., the hospital accommodation in the land wherein he contemplates making his new home. If the Canadians of Ontario and Quebec are themselves very hazy about what the Far West provides to-day of such necessities of life as good hospitals, it is not to be wondered at that the minds of people from afar off are almost a complete blank on this question. From letters received by our Bureau of Information during the past months, it is clear that many would-be emigrants are not aware that there are such things as hospitals in the West at all. Even the best-informed of them have little idea of what splendid efforts have been made by these newly-settled provinces, which yesterday were almost wild prairie, to provide for the care of the sick and injured. There is no feature of life in these great new lands which more astonishes the visitor than the hospital accommodation already provided there. In a country where most of the people are poor and busy providing homes for themselves, where many articles are dear and money badly wanted for material development, it is a stimulating sight to find neat cottage hospitals, the tangible result of the generosity and self-sacrifice of the residents, where everything that care and kindness can do for the ailing is to be found, and where, despite the lack of expensive apparatus, splendid work is being done by men and women who have few opportunities for study and practice.

In the annual report of the Department of Agriculture of the North-West Territories for 1903, there is, under the heading Public Health, a very interesting report of the Inspector of Territorial Hospitals, Dr. Kennedy. In his general remarks, after commenting upon the need for increased accommodation to meet the very

large influx of population which the Territories are now receiving, he says: "To afford some idea of what the people of the Territories have done, I may state that there are now twelve public hospitals in the country and two more in process of erection, while in the rich and populous Province of Ontario, in 1881, there were only eleven of these institutions, and in 1891 but twenty-one. And it is the people themselves who have done this work, for the help they have received from outside is but a drop in the bucket."

A few quotations from the report of Dr. Kennedy will give a "live" idea of what these hospitals are like. He visited the Galt Hospital in Lethbridge, one of the most promising little cities in Western Canada, on March 15th. This hospital was founded by Sir Alexander Galt, primarily to afford facilities for the employees of the Alberta Railway and Coal Company, but it has always received patients from the general public. "There were seventeen patients in the institution," writes Dr. Kennedy, "and it is interesting to note that of this number fourteen were surgical cases, thus confirming a remark of mine in a previous report, that probably more surgical work is done in this hospital than any of the Territories. . . . The hospital itself was scrupulously neat and clean, the patients appeared to be well-looked after, and there were no complaints. It is exceedingly well-equipped and is doing excellent work, patients coming from other parts of the Territories and from British Columbia. Since my last report an X-ray machine has been installed, thereby adding very much to the facilities for doing good work. It is the only hospital in the Territories that can boast of this feature." (This, it must be remembered, was written two years ago.—EDITOR.) "It also has a first-class modern ambulance, which was secured at a cost of \$500, and which has unquestionably alleviated a lot of suffering among the large number of accident and surgical cases which are brought to this hospital."

Of the Queen Victoria Cottage Hospital, Yorkton, Dr. Kennedy writes, after visiting it within a few months of its opening: "The town of Yorkton has a population of about 1,000. There are about 6,000 each of Gallicians and Doukobors in the neighborhood, and these, with a large number of American, English and Canadian settlers, makes a population of about 20,000 in the country which is tributary to the hospital. The building itself is a very substantial and attractive one, standing on its own grounds of three acres, on an eminence to the south-west of the town. It is on a stone foundation, is built partly of brick and partly of wood, has two stories and a basement, and at present accommodates sixteen patients—public and private. . . . It has a very good operating room, which, for one in use so short a time, is exceedingly well equipped. The hospital was erected at a total cost of \$5,380, including \$100 for the land which it occupies and with the furnish-

ings, etc. The total assets at the end of 1902 were \$8,661. I may say, that in spite of some defects, the general plan of the hospital building has so commended itself to me that I have written to Ottawa for a plan of it, and I think that with a few changes it would serve as an excellent model for small hospitals which are being built throughout the Territories. . . . At the date of my inspection I found everything neat and clean and in good order about the hospital, in spite of the fact that there had been some difficulties in obtaining sufficient assistance in the domestic part of the staff. The staff consists of the matron and a probationer, besides the cook, who also acts as a general servant. . . . The hospital had been in operation for exactly five months, and during that time had cared for 41 patients, the aggregate number of hospital days being 525. Of these every one had been paid for, excepting 13 days owing by one patient, and for this the directors held the patient's note, which they expected to realize."

The oldest institution in the Territories, the Medicine Hat General Hospital, was visited in March also. There were twenty-five patients when the inspector called, and after giving particulars of four incurables being treated, he writes: "A pleasing and noticeable feature of hospital work here is the extent to which advantage is taken of the maternity cottage, there being, as noted before, no less than five patients and one baby occupying the building on the date of my visit. I am satisfied that this factor in connection with the hospitals of the Territories is a means of saving life and much needless suffering, and it is encouraging to note that the people are becoming educated to the advantages offered by maternity wards."

The staff consisted of a medical superintendent, a lady superintendent, first assistant and eight nurses in process of training—this, be it remembered, in a little town of (at that date) about 2,000 inhabitants.

There are two hospitals at Calgary—the General and the Holy Cross. The General Hospital was found to be filled to overflowing, there being 31 patients in the institution. The patients were distributed as follows: Men's general ward, 15; women's ward, 3; men's private ward, 2; women's private ward, 4; isolated ward, 1; the rest being maternity cases in the maternity hospital, which is a separate building. "I found the Calgary General Hospital," says Dr. Kennedy, "as usual, neat and clean, and the patients were all fit subjects for hospital treatment, and there were no complaints." The staff then consisted of the matron, one graduate, eight nurses in training and three probationers. An idea of the work done by this hospital can be gathered from the following statistics for 1902: Total number of hospital days, 8,136; total number of patients registered, 542, of which there were in the private ward, 149; maternity, 48; isolated, 67; besides 409 out-door patients.

Regarding the Holy Cross Hospital, Calgary, Dr. Kennedy writes as follows: "I visited and inspected this hospital on Tuesday, 31st March. Since my last visit the hospital has been enlarged by the addition of a wing, 35 ft. by 24 ft., four stories high, built of brick with stone basement, and giving additional accommodation in the shape of a general ward, and an isolated ward in the basement. Notwithstanding the increased accommodation, I found that the hospital had been taxed to its capacity during nearly the whole winter. It provides at present accommodation for 47 patients, distributed as follows: Male patients, private, semi-private and public wards, 24; women patients, 11; isolated cases, 12. The isolated wards have been used for infectious diseases, as scarlet fever, of which there has been rather an epidemic in Calgary during the past autumn and winter. As a consequence of the increased accommodation offered by the new wing, the old isolated wards at the top of the building, which were so objectionable, and which I reported against on a previous occasion, have been done away with, and, after being thoroughly cleansed and renovated, are now used as part of the general hospital. The new isolated wards, while still leaving something to be desired, are a great improvement upon the old and it is now possible to treat cases of an infectious nature there without entering the part of the building devoted to general purposes, and without any danger to other patients. I might point out, however, that it is not desirable that any infectious diseases, such as scarlet fever, measles, diphtheria, and so on, should be treated at any general hospital, and isolated wards should only be for the purpose of receiving infectious cases occurring in the hospital itself.

Of the 499 patients registered during 1902, 23 per cent. were free patients, 8 per cent. paid in part, and the remainder paid in full.

Edmonton, like Calgary, has two hospitals, the General and the Public. Each of these hospitals has been taxed to receive all the patients desiring admission. But at Strathcona, just across the river, the inhabitants were then contemplating building another hospital, to cost \$10,000. Whilst finding some minor fault with the way the register was kept at the General Hospital, the inspector said that the wards as usual were clean and well kept, and that there were no complaints. The same praise was given to the Public Hospital.

We have not space for any further quotations from this interesting report, but sufficient have, we think, been given to show that a most praiseworthy effort has been made by the settlers in this new country to provide hospital accommodation for the growing population. "Quite likely," writes Dr. Kennedy, "this work has been augmented though the efforts of the Lady Minto Cottage Hospital Fund, and it is to be sincerely hoped that the controllers of this fund will see their way clear to still further enlarge the scope of their benefactions.

## Clinical Department.

### **An Unusual Case of Mammary Cancer.** H. WARD CRUTCHER, M.D., of Chicago, in *American Medicine*.

The patient, aged 60, is a woman of remarkable vigor of mind and body, and the mother of two healthy daughters. Fifteen years ago she first noticed a small lump in the upper and outer quadrant of the right breast. Her husband, a medical practitioner of large general experience, opposed all mechanical interference, and the condition was permitted to drift along with internal treatment. The lump grew slowly, and in 1898, broke into an open sore. Examination showed a deep cavity with angry edges and a mass of very dark tissue at the bottom. The entire gland appeared to be firmly attached to the chest wall. The husband asked me to scrape out the cavity as best I could, but gave positive orders that I was under no circumstances to attempt the removal of the mass. Indeed, such an attempt was foredoomed to failure. In June, 1899, I scraped out the cavity with a sharp spoon, applied the usual anti-septic dressings, and left the case to its fate. This surgical makeshift was followed by certain local applications, the nature of which I am unable to state. The cavity healed within a few months, and I heard nothing of the patient until December, 1904, when the reappearance of a small cavity, accompanied by violent pain, caused me to etherize the patient and remove with the knife about two ounces of the tissue that appeared to be most seriously at fault. Relief from pain was immediate, granulation was prompt, and the patient is now sojourning on the Pacific coast. She expresses herself as feeling perfectly well. It is worthy of note that at no time have the axillary glands been in the slightest degree involved, so far as thorough palpation could determine.

The specimen removed last December was submitted to Dr. W. A. Evans, who pronounced it scirrhus. Within a year this woman has lost a sister through mammary cancer, which ran a more typical course, ending life within three years. It was never treated surgically, but was looked after by soothsayers, mind readers, and a peculiar class of internists whose presence among us is a singular commentary upon the boasted enlightenment of the age in which we live.

The lesson to be drawn from the foregoing case is that palliative surgery is often practicable and helpful when ideal practice cannot for one reason or another be applied.

**A Case of Cystic Goitre.** NATHAN JACOBSON, M.D., Syracuse, N.Y.,  
Professor of Clinical Surgery in the College of Medicine, Syracuse  
University: Surgeon to St. Joseph's Hospital, in *Buffalo Medical  
Journal*.

I desire to occupy but a few minutes of your time in the presentation of the history of a case of cystic goitre:

The patient, a boy of 18, who was attending school, was brought to me on the 22nd of March, 1904, by his physician, Dr. Kaple, of Elbridge. His father came with him also. The boy had had measles and whooping cough, but otherwise had been free from the diseases of early life nor had he ever been seriously sick. When but eight years of age his neck began to enlarge in the median line and the growth had steadily increased in size since that time. During the past two years the increase had been greater than during the preceding eight; and in fact during the past six months it had been particularly rapid. He suffered no great distress in breathing except when his head was carried well backwards.

Examination showed the presence of a smooth tumor with an irregular surface which was elastic and in which fluctuation could be made out. The mass was placed largely to the right side of the median line. At its most prominent part the circumference of the neck was seventeen and one-half inches. With a hypodermic syringe introduced into the tumor some bloody fluid was withdrawn. The diagnosis of cystic goitre was made and radical operation advised.

An interesting point in the history of the case was the fact that the boy's father had a goitre, apparently of the adenomatous type. These were the only two instances in the family.

The patient did not consent to operation until April 26th, 1904. On the preceding day he was admitted into St. Joseph's Hospital, Syracuse. There was an apparent increase in the tumor during the five weeks which had intervened. I was assisted in the operation by Dr. Coon and the hospital internes. A curvilinear incision was made beginning at the angle of the jaw on the right side and ending over the sternal notch. This was deepened through the superficial muscular structures overlaying the tumor. The sternomastoid was pushed back. The outer border of the sternohyoid was cut through. A number of greatly enlarged veins, some of them with a diameter of one-quarter of an inch, were doubly ligated and severed between the ligatures. All bleeding was controlled and the cysts were then shelled out separately with the handle of a knife on the finger. Most of them presented no difficulty in their enucleation. The deepest one was firmly attached to the right lobe of the thyroid gland and with it a part of the gland was removed. The right recurrent laryngeal nerve could be

readily recognised and injury to it was, therefore, easily avoided. About thirty vessels were ligatured. All of the cysts were removed intact with a single exception and this, though ruptured, was entirely enucleated. Three strips of folded gauze one-half inch in width were packed in the resulting cavity. The wound was closed with interrupted silkworm-gut sutures.

Throughout the operation the head was steadied by an assistant so as to secure it in a position in which respiration could be least disturbed. Chloroform was the anesthetic used. The patient bore the operation well.

In the subsequent history there was nothing particularly disturbing. Twenty-four hours after the operation the pulse, which had been below 100, rose to 120 and on the second day to 150. During this period there was an increase in the temperature to 102°. May 1, five days after operation, the temperature dropped to 99° and the pulse ranged from 90 to 100. He had some difficulty in swallowing and was unable to move his head from side to side. By the fifth day after the operation this also had cleared up and from this time on he had but little discomfort. There was from the very start a large amount of serous discharge which steadily decreased in quantity. On May 11th he was able to be up and on the 14th returned to his home, having been in the hospital nineteen days. The boy has remained in perfect health since his return home. I present to you the cysts which were removed. You will note that there are eight in number. They vary in circumference from two inches to seven and one-half inches and in diameter from three-fourths of an inch to two and one-half inches.

While it has been my privilege to operate upon a number of cases of cystic goitre, the one presented for your consideration contained the largest number of cysts I have ever removed from a neck.

It seems to me that the case has a number of interesting features associated with it. Diseases of the thyroid gland much more frequently affect women than men. To encounter, therefore, a family in which only the males are affected is certainly unusual. What to me seems quite as rare is the appearance of this disease so early in life, beginning as it did with our patient when he was but eight years of age. There is no doubt whatsoever that these are true cysts of the thyroid gland. In my experience also, single cysts of the thyroid are much more frequent than multiple ones. In our patient the mass, because of its size, did not move upwards and downwards with the act of deglutition. With the aid of a hypodermic syringe there was no difficulty in establishing the diagnosis.

There may be some difference as to the best method of treating a single cyst, especially where the walls thereof are calcareous and

fixed and where the enucleation of it would be very difficult and perhaps attended with great danger. Such a case might possibly do better with incision and drainage. But where enucleation is possible and especially where one has to deal with multiple tumors, nothing but complete enucleation is to be considered. With care as to hemorrhage and avoiding unnecessary traction so as not to produce kinking of the trachea, these operations are attended with an exceedingly low mortality. Our patient, despite the size of the tumor, presented no special difficulty in the way of anesthesia. While there is a growing preference for local anesthesia in these cases, I have always obtained good results with chloroform as the anesthetic. The advantage of absolute quiet on the part of the patient, which can only be obtained with general anesthesia, is apparent. It is admitted that cocaine does not absolutely control the pain and it surely does not overcome the anxiety and nervousness of the patient. As to the safety of chloroform in operations for goitre, it is only necessary to remind you that Kocher has used it in 900 cases without a death. The febrile disturbance and tachycardia which were present after operation, are encountered in practically all of the cases of goitre as a post-operative manifestation.

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**Some Unique Cases of Amblyopia.** DR. T. W. MOORE, Huntington, West Va., in *The American Journal of Ophthalmology*.

At the time I selected this subject, I did so to report three cases of transient amblyopia without fundus changes occurring in children between the ages of ten and eighteen, presenting no special features of nervous debility and without neurotic family histories.

Since that time Dr. L. Webster Fox has reported several cases of the same type under the title "Anesthesia of the Retina," in a paper read before the ophthalmological section of the American Medical Association. His patients were all young girls, who were healthy and all were cured after a few applications of the constant electrical current.

Case 1 of my series came to me in March, 1903, complaining of having suddenly lost her vision, being unable to see either far or near, and having been compelled to give up her schoolwork on this account. I found a healthy, active, full-blooded girl, aged eleven years. Pupils reacted normally, vision in each eye = 10/200, accepting no lenses. Under atropine, vision remained the same, but with a + .50  $\bigcirc$  + .50 cyl. ax. 90° over each eye she read 20/80. Her field for white was contracted in all directions as it was for colors, the normal relationship being retained; a second examination at this time remained practically the same. The media and fundus were normal in both eyes.

I gave strychnia, and iodide of sodium, with instructions for patient to return in three weeks. I received word that she was much better, but did not see her again until December, when I found her condition practically unchanged. This continued until after my return from the meeting of the American Medical Association, when I began using the galvanic current for five or six minutes daily, the sponge electrode being moved across the forehead and over the closed lids and temples. Her vision when I began treatment was R. E. 10/150; L. E. 5/150, she being unable to read 11 Jaeger near. I tested her with different cards at different distances and obtained always the same results, although she did at times complain of being unable to see anything, but after a few minutes' rest she would read the letters to the limit of her vision. On June 23rd, 1904, after using the current five minutes, vision improved from 14/200 in R. E. to 20/200; in L. E. from 7/200 to 10/120. On June 24th, after using the current five minutes the vision was the same as the day before. On June 25th, after using the current five minutes vision = 20/80 with both eyes. Patient was taken to the country on this date, returning on the 30th, when after using the current five minutes she read 15/50 with both eyes. On July 2nd, after six minutes' treatment she read 15/20 with both eyes; on the 5th 15/15, on the 7th 15/15+, reading Jaeger 1 at twelve inches. Fields normal. Repeated measurements of the field of vision showed that there was an increase in all directions as the vision improved, the field for red increasing also but retaining its normal relation in the left eye, but in the right eye the field was never as much contracted as in the left, retaining almost its normal size at all times.

CASE 2.—S. P., school girl, aged 17, came to me in January, 1903. Vision, R. E. 20/200; L. E. 20/120, unimproved by glasses. Retinoscopy showed the refraction to be +.50 sp. R. E.; +.25 sp. L. E. Patient went to the springs and returned with vision, R. E. 20/120; L. E. 20/40, this was eight months later. One month later with +.50 vision = 20/30 in each eye. There was at no time any abnormality in the media, the only symptoms being failure of vision, sensitiveness to light and the contracted fields.

This case was of especial interest to me because a brother six years before had been examined by a well-known ophthalmologist, who made a diagnosis of disease of the optic nerve that would lead to total blindness in a short time, and to my knowledge the patient had to be led about for several months, and was finally cured by "blood medicine" compounded by an uncle who calls himself an eclectic.

Case 3 was a boy aged ten, inclined to be nervous, without any special manifestations. Parents healthy, as are his brothers and sisters. No headache, vision suddenly failed so that he was unable to study, vision = 20/40 unimproved in both eyes when first seen,

June 7th, 1902. A few weeks later his vision was 20/20 both eyes—three letters. On August 21st, it was 20/60 both eyes, nine days later it was 20/30? both eyes. One year later he was no better. His fields were contracted when the vision was bad, the normal color relationship being maintained and normal when he read 20/20. Ophthalmoscopic findings were at all times normal.

Heretofore, gentlemen, it has been the custom of ophthalmologists to classify these cases as belonging to that symptom complex "hysterical amblyopia," and as that term has been used to designate every visual defect that could not be explained by pathological findings—I suppose that it is the correct one—and further it lessens the shock to our sensibilities by having it gradually dawn upon us "that there is something wrong and we do not know what it is."

I wish to emphasize a few points in my cases in which they differed from the usual hysterical manifestations.

First, the fields for white in these cases have varied with the visual acuity instead of being contracted disproportionately, and the color limits have retained their normal relationship instead of being reversed as they so frequently are in the neurasthenic types.

My cases, as well as those reported by Dr. Fox, all occurred between the age of ten and eighteen years—the ages when hysterical symptoms are most prone to manifest themselves, and whilst all of his and two of my cases were in females, it is known that the members of that sex do apply themselves to their books more assiduously than their brothers.

Hysteria is so frequently monocular; in these cases both eyes were involved and to almost the same degree.

I made very careful tests in case one to determine as to the counter field described by Wilbrand and found it absent, and further the fact that my cases and those of Fox occurred in young subjects and not in hysterical women with ovarian and uterine disorders, as he states his cases were most frequently found.

If neurasthenia is abnormal susceptibility of the system to fatigue from mental or bodily exertion, this broad term may express the origin of this condition which I believe to be an arrest of the functional activity of certain retinal cells occurring at or about the time of puberty, when the entire nervous system is at high tension and when with our forcing system of education the eyes are apt to be overworked, more particularly in those subjects who have slight refractive errors for the reason that they receive no warning in the way of headaches, etc.

The remedy for this, from Fox's report and my experience with the one case, after other measures had failed, is the constant current, which seems to stimulate these torpid cells into renewed activity.

I do not think that retinal anesthesia is a good term, owing to

its use by different authors for varying conditions, none of which were in accord with the symptoms here described; retinal torpor might be a better one.

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**A Case of Rupture of the Bladder in a Young Child.** JOHN  
CROPPER, M.D., Cantab, in *The Lancet*.

On September 26th, 1904, a fellah boy, aged four years, fell from a flat roof twelve feet high on to his stomach, striking a coping of stone. He suffered great pain, but when he was brought to me soon afterwards I could discover nothing beyond some bruising, especially on the left side of the abdomen. I was told later that he had voided urine the same evening. The next day the pain was worse with great distension of the abdomen and on my return in the evening I passed a No. 1 indiarubber catheter, drawing off less than half a pint of bloody urine at the patient's home, the catheter being left in position. The distension was considerably relieved and the bowels were opened. His pulse rate was 150 and his temperature was slightly raised.

I explained the condition of affairs to the parents, telling them that the bladder was certainly ruptured and that an operation was urgently required. On consultation with friends they refused either to have an operation performed or to allow the child to be taken into the hospital in Jerusalem. On the next day (September 28th) he had slept and was much relieved; his bowels had been moved twice and he had passed urine twice; his temperature was 100° F. On the 29th the distension had increased and the motions were foul and light colored. Five ounces of clear urine were passed but the child looked worse; his temperature was 99° and his pulse rate was 150. Seeing his condition and knowing that he had little chance of recovery the parents, convinced also by some very plain speaking on my part, consented to an operation, which was accordingly performed under ether on the afternoon of the same day. Before the operation the patient had a very bad ashy-grey color; his abdomen was tympanitic in the upper half, while the lower half was dull and firmly resistant, especially during the anesthesia. An incision was made from below the umbilicus almost to the pubes. On reaching the peritoneum the bowel was found to be firmly adherent to it, but on separating the adhesions above the pubes much bloody urine at once welled up, the finger passing into a wide space bounded on either side by Poupart's ligament, which was very plainly felt. At the bottom of this cavity the bladder could be felt. The rupture in it was of course intraperitoneal, to the right of the apex, and admitted two fingers easily. Owing to the thickness of the abdominal wall (at least one inch of fat) and the length of time (three days) which

had elapsed since the accident I considered that any attempt to close the bladder was out of the question. Certainly in the event of want of union the bladder sutures would have complicated matters and probably led to a fatal result. Accordingly I passed a drainage-tube down to the bladder and packed the wound with gauze, leaving it otherwise widely open. The pulse rate after the operation was 180. The patient slept well. Next day he was in very fair condition and enjoyed the ride of ten miles into Jerusalem to the Hospital of the London Jews' Society, proper nursing being impossible in his own home. For the first few days there was a good deal of offensively smelling discharge with the urine which drained away freely. On using a considerably stronger lotion than had been used at first—namely, a solution of perchloride of mercury of strength 1 in 2,000 syringed through a catheter passed by the penis twice daily—the condition of things rapidly improved, and beyond a little silver nitrate solution (of strength 20 grains in an ounce) painted on the wound there was nothing to note in the treatment. In spite of a smart attack of remittent fever with splenic enlargement the wound was firmly closed on November 5th. The only trouble after this was incontinence of urine, which persisted for some days. The patient was discharged from the hospital in very good condition four or five weeks later.

In conclusion, it may be remarked that in native villages in this country almost the only accidents to children arise from falls from the flat roofs, which are quite unprotected. In this case, as already stated, the child fell fully twelve feet.

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**Orthoform in the Diagnosis of Gastric Ulcer.** FRANK H. MURDOCH, M.D., of Pittsburg, Pa., in *American Medicine*.

In a note at the end of an article published in the *Medical Record* for December 31st, 1904, by Dr. Beverly Robinson, entitled "Problems Relating to Simple Ulcer of the Stomach," he says, Dr. F. H. Murdoch's latest report regarding "Orthoform in the Diagnosis of Gastric Ulcer" is interesting and important. Then he quotes me quite correctly as follows: "As this remedy will not anesthetize nerve-endings when they are protected by skin or mucous membrane, it is certain that if it relieves pain in the stomach it can do so only by coming in contact with a surface from which the mucous membrane has been removed."

My own experience," he says, "as reported in my paper, has not confirmed such an absolute judgment, nor does it wholly coincide with the experience of others. Orthoform does not invariably relieve ulcer of the stomach when the diagnosis is rea-

sonably sure." Now in cases of gastric ulcer where the diagnosis is reasonably sure, it is very seldom necessary to give orthoform at all. I have seen only one case in which attacks of severe gastralgia came on after the patient had been put to bed and restricted to liquid food. The first attack was relieved by a hypodermic injection of morphine which did not prove anything; the second attack was promptly relieved by orthoform given by the mouth, which proved two things: 1. That there was an open ulcer in the stomach. 2. That the ulcer was the cause of the gastralgia. My claim for orthoform in gastric ulcer is simply this: Given a patient suffering from a sudden, severe pain in the epigastrium, and if the pain entirely disappears in twenty or thirty minutes after the administration of orthoform, we may be certain that the patient was suffering from gastralgia the result of ulcer of the stomach; for orthoform will not relieve pain in the epigastrium when produced from any other cause whatever. In regard to the experience which others have had with orthoform in gastric ulcer, Hemmeter says: "There is another point of value in making a differential diagnosis. It has always been considered desirable to possess a substance which would relieve gastric pain if applied locally in patients afflicted with gastric ulcer." For this purpose I have administered orthoform. If orthoform is given in cholelithiasis the pain will not cease; but if given in a case of gastric ulcer it will cease promptly, especially if an alkali be combined with it."

The alkali however is, I think, superfluous. I have always given plain orthoform, and have never seen it fail to relieve gastralgia promptly, no matter how severe, if caused by chronic ulcer of the stomach.

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**A. New Method of Accurately Examining the Hymen in Medico-Legal Cases.** J. LIVINGSTON LOUDON, M.D., Glasgow, D.P.H., in *The Lancet*.

In all cases of alleged rape it is of the utmost importance that the condition of the hymen should be ascertained and if it has sustained any injury the full extent, nature, and position of it accurately estimated. Of course, it is only in cases where the victim has up to the time of assault been a virgin that the hymen will most likely show traces of injury and the younger the woman the more difficulty there is in making an examination which is at the same time painless and yet thorough.

The following method of thoroughly exposing the hymen I have frequently found most effectual ; it is, moreover, simple, easily managed, and, if done carefully, painless. The patient being in the lithotomy position and swabs from the vagina (for examination for semen) having been taken, the parts are freely treated with a 20 per cent. solution of cocaine, possible toxic effects where there are large raw surfaces being kept in mind. An ordinary soft red rubber catheter is then taken and over its point for about one inch or one and a half inches there is placed an ordinary india-rubber condom which is tightly bound into the stem of the catheter by a few turns of thread. There is thus improvised an instrument closely resembling one which used to be employed for arresting hemorrhage in cases of epistaxis, the armed catheter being placed in the nose and the point inflated, and so caused either to press on the bleeding point or plug the nostrils. This arrangement is gently passed into the vagina ; the point is then expanded either by inflation or by injecting a small quantity of warm water ; this done the catheter is clamped. There now is inside the hymen what may be termed a miniature Champetier de Ribes bag and by making *very gentle* traction on the catheter the hymen is put slightly on the stretch and bulged from within. In this way the whole hymeneal margin is fully exposed to view, so that any interruption in its integrity is at once detected, however, slight it may be. In very young girls this method will be found particularly useful, as the hymen is very inaccessible then.

## Therapeutics.

### Hydrogen Dioxid in Dyspepsia.

Gallois and Courcoux of Paris have been studying the action of hydrogen dioxid on the digestion, experimenting on dogs with a Pawlow fistula. They claim that it has a pronounced effect in increasing the amount of gastric juice secreted and the proportion of free hydrochloric acid, thus secondarily enhancing the digestive power of the gastric juice, the proportion of pepsin being always higher than under other conditions. Clinical experience also showed that it arrested the vomiting of pregnancy, the effects not being apparent at once, but suggesting that it removed the cause. This seemed to be the case also in certain gastro-intestinal troubles, especially hypopepsia and diarrhea. At it combines the properties of promoting digestion and disinfecting the bowels, it is thus especially indicated in hypopeptic dyspepsia with abnormal fermentation, and is particularly useful for infants. The results seem to be better the more recent the onset of the diarrhea. They add in their article in the *Gaz. Med. Belge*, Jan. 5th, 1905, that a Russian physician, Novicor, prescribes it in dyspepsia in the formula of 6 gm. (1 1-2 dram.) of hydrogen dioxid at twelve volumes; 85 gm. (2 1-2 ounces of distilled water, and 15 gm. (gr. iv.) of syrup of orange flowers, giving a tablespoonful every two hours. They prefer to give it in milk or water, 10 drops of the dioxide to 100 gm. (qt. i) of milk, for infants; for adults, about a tablespoonful in a quart of water, sipped as a beverage.—*J. A. M. A.*

### The Treatment of Bunions.

I order what are known as right and left socks or stockings, which have a straight inner edge to the foot and are normally curved around the toes so as to prevent dragging on the great toe. It would be better to use a sock or stocking which has a separate apartment for the great toe, but it cannot be found on the market, whereas the "rights and lefts" are on sale in New York

The inner edge of the sole of the shoe is made perfectly straight, and although the sole is as wide as the foot, the curve of the toe resembles so closely the curve of the normal toes that it is not clumsy in fact or appearance. It has been my experience that it is better to have the toe boxed.

The bunion should be bathed night and morning with a four per cent. solution of carbolic acid for a few minutes, and this should be followed by a bath of plain water. The carbolic solution is not only antiseptic, but a decided analgesic.

If after several weeks' trial of proper foot-gear the bursa is still distended with fluid, and it is necessary to aspirate it, the operation is simple, practically painless, and, if antiseptic precautions are practised, a safe one. All the foregoing applies to simple bunion caused by an ill-fitting shoe.

Now, there is a class of cases which have been practically ignored in literature, and the management of them requires no little knowledge of the anatomy of the foot, the gouty and rheumatic diathesis, and physical peculiarities. Many cases of bunion are due to flat foot, which causes the great toe to turn out and brings the prominent metatarso-phalangeal joint against the side of the shoe. In this case, unless the arch of the foot is restored by a plate, the treatment for simple bunion would fail. In the case of enlarged joints from gouty or rheumatic inflammation, these constitutional diseases would have to be overcome by internal treatment and hygienic living, otherwise the local treatment would not succeed. Four of the five tendons attached to the great toe tend to drag the toe outward, and the question of their abnormal contraction must be taken into account. Whenever possible, no operation should be performed on the metatarso-phalangeal joint without an X-ray picture being taken as a guide, and in that the sesamoids must not be mistaken for exostoses. As the deformity is often the result of a simple dislocation, the tripod of the foot should be respected, and restoration secured by removing wedges from the metatarsal or phalanx, or both, and tenotomy.—G. R. PLUMMER, M.D., *N.Y.M.J. and P.M.J.*

#### **Early Treatment of Consumption.**

The therapeutic arsenal for the treatment of pulmonary tuberculosis is well stocked and even overstocked, remarks Prof. Renon. Neither the tuberculin of Koch nor the new tuberculin T.R. have given decisive results. The same may be said of the series of serums recommended by men of good faith and of undeniable scientific standing.

One of the best remedies to be utilized in phthisis is arsenic. It may be given in very small doses :

℞ Arsenate of soda ..... 1 gr.  
Water ..... 10 oz.

A tablespoonful twice a day at meals, and continued twenty days a month for three or four months. There are other preparations of

arsenic, such as cacodylate of soda and arrhenal. The former is employed by the mouth, the rectum or subcutaneously. M. Renon prefers the latter mode. He injects one grain dissolved in twenty drops of sterilized water every two days, or eight injections in sixteen days. He then suspends them for eight days and recommences the series. Arrhenal may be employed in the place of cacodylate of soda, but M. Renon thinks it inferior. The *raison d'être* of the arsenical treatment is to keep the patient in good condition and increase his weight if possible, but it should be used with prudence, especial care being taken to avoid even the semblance of any gastro-intestinal disturbance, as such would act prejudicially in the matter of feeding the patient.

Creosote was considered a kind of specific for phthisis for many years, but it frequently aggravates the condition of the patient by fatiguing the stomach, and, on the other hand, it has frequently provoked hemoptysis. In certain torpid forms of phthisis, however, creosote might be given by the rectum in twenty to thirty drop doses. Synthetic preparations, such as guaiacol or thiocol, replace creosote. Thiocol given in 10-grain wafers, three times a day, has much benefited some patients.

Besides creosote, and acting in a different manner, is urea, utilized first by Harper, in England, which has a favorable action in all forms of tuberculosis. It can be employed in subcutaneous injections and by the mouth. Prof. Renon gives it in wafers containing 12 grains each, two to four daily. Tannin is also an excellent preparation, but, unfortunately, this is ill tolerated by the stomach. It is best given in the form of wafers:

R Tannin ..... 5 grs.  
 Phosphate of lime ..... 10 grs.  
 For one wafer : five daily.

Tannigen is a good substitute in the dose of four grains three times a day. The glycerophosphates have a good action on the general nutrition: two or three 5-grain doses daily before meals. Lately M. Renon has been employing with much benefit a new phosphated substance called phyline, described by Posternak, which is a phospho-organic principle of vegetable grains. It is well tolerated, improves the appetite, and favors sleep. He gives 10 grains of before the two principal repasts.

One of the complications of pulmonary consumption is fever. For this, rest in bed will frequently be sufficient, otherwise anti-thermics must be given. Of these there are a host, but those which have given the best results are aspirin and cryogenin, discovered by Lumière, of Lyons. Either of these agents may be given in 4-grain doses twice a day, at three o'clock in the afternoon and at six o'clock.

Two other symptoms frequently require attention—hemoptysis and diarrhea. The former will be treated by the classical remedies, needless to mention. The diarrhea is best treated with:

R	Cotin.....	2 grs.
	For one wafer; two daily, or,	
R	Methylene blue.....	2 grs.
	Lactose.....	4 grs.
	For one wafer; two daily.	

For the cough M. Renon recommends a half grain of opium two or three times a day.—*The Med. News.*

#### La Grippe:

R	Sodii salicylatis.....	gr. xviii.
	Acetanilid.....	gr. xvi.
	Caffein citratis.....	gr. vi.
	Sodii bicarb.....	gr. xl.
	Misce. Et divide in Konceals No. viii.	
	Sig.: One Konceal every 3 hours.	

**Ringworm of Scalp.** Röntgen rays has been found to be an efficient remedy in treatment of ringworm of the scalp.

**The Correction of Retrodisplacements of the Uterus.** Of the many operations devised, the ventro-suspension of Kelly and Olshausen and the extraperitoneal shortening of the round ligaments after the Alexander-Adams method, or some modification of the same, are still the operations in most common use. The advocates of the vaginal route insist that they are able to deal as thoroughly with any possible complications found within the pelvis, as through a suprapubic opening. This position, I feel quite sure, will never be accepted by the majority of operators. The slight advantage claimed for the vaginal route can hardly offset its palpable disadvantages. While ready to grant that the majority of cases may be successfully operated on by some method through the vagina, it is certainly true that with tubal infection that has created a mass of matted adhesions, involving, perhaps, intestines or the vermiform appendix, better, cleaner and safer work can be done from above. The majority of cases require the careful use of the curette as a preliminary step, as endometritis is a common complication. If the cervix is lacerated and hypertrophic, it should be repaired or amputated. Lesions of the pelvic floor should, of

course, be repaired. Whatever the operation selected, it should permit of thorough intrapelvic work, and should be one that restores the normal axis of the uterus, at the same time leaving it free to adapt itself to its normal range of motion. The operation I am about to describe meets these requirements.

" 1. A transverse incision is made through the skin, fascia, fat and aponeurosis down to the recti muscles. This incision, in the ordinary subject, should be about  $1\frac{1}{2}$  inches above the pubis, and should extend laterally to the outer border of the recti. The recti are separated vertically in the median line and the peritoneum opened in the same direction. The pelvis is investigated, proper attention given to the local pathological conditions, and the uterus raised.

" 2. A pair of light compression forceps with teeth in the end (Scnn's) is passed through the abdominal opening and grasps one of the round ligaments about the middle of its intraperitoneal portion. By traction on the forceps the uterus is pulled somewhat to the side of the pelvis which is opposite the ligament held, the peritoneum is drawn away from the region of the internal abdominal ring, and the ligament made taut so that it may be the more readily recognized in the extraperitoneal manipulations to follow.

" 3. Now just beyond the outer edge of the rectus, at the end of the transverse incision, the point of a pair of artery forceps is thrust through the posterior sheath of the muscles, but does not enter the abdomen. The forceps is opened and withdrawn, so that an aperture large enough to admit the index finger is left. The finger is introduced through this opening in the preperitoneal fat, and feels the round ligament without difficulty, for it is brought into prominence by tension on the forceps which holds its uterine end.

" 4. The finger passed through the opening just described, is hooked under the extraperitoneal portion of the ligament from below upward, and draws it up into the wound. The sheath of the ligament is then split open by blunt dissection. The sheath and the peritoneum are stripped back in the direction of the uterus, completely divesting the ligament of its covering. It is then drawn out of the wound, and forceps slipped underneath retains it until the opposite ligament is raised and denuded in the same way. If the uterus has been in a state of marked retroversion, the ligaments will have become so attenuated as to allow their approximation in the median line in front of the recti, which approximation will restore the uterus to its normal position.

" 5. When it has been determined that the ligaments are long enough to meet in the median line they are each left looped over forceps, while the peritoneum of the median incision and the recti muscles are closed with continuous kangaroo or catgut sutures.

"6. The ligaments are next approximated in front of the recti and tied together.

"7. Now, beginning in one angle of the transverse incision, the cut edges of the aponeurosis are stitched together with a continuous kangaroo suture. When one or two loops of the suture have been passed, the needle, in crossing the interval between the two edges, is made to pass through the ligament. It is well also to pick up a little of the muscle on each side of the ligament in order to provide against dead spaces. This process is continued as each successive loop is passed until the centre of the incision is reached, when the free end of the suture is clamped and left long. Starting in the other angle of the transverse incision (but looping in a contrary direction, so that when the two sutures meet their free ends may be on opposite sides of the wound), a second strand of kangaroo unites the edges of the aponeurosis on that side and picks up the round ligament and adjacent portions of the muscles as before. The kangaroo tendons are tied together, and the ligaments are thus embedded and firmly anchored between the aponeurosis and muscles.

"8. The structures in front of the aponeurosis are closed in the usual manner."

The advantages of the operation may be stated as follows: There is but one incision and through it any pelvic complication may be treated. The operation utilizes the strongest part of the round ligament instead of its distal end. The normal mobility of the uterus is not disturbed, and it is left in the pelvis where it belongs. It causes no vesical irritation or dysuria if the ligaments are not embedded too low down, and no dragging if they are not brought through too high up. The anchorage is superior in permanency to all peritoneal attachments; the uterine portion of the ligament will not stretch away. There are no sutures in fundus to irritate the uterus. The fixation is extraperitoneal; no irritated point invites subsequent adhesions to abdominal viscera. The peritoneal investment of the ligament is not drawn into the abdominal walls, producing funnel-shaped depressions and inviting hernia. It does not interfere with the physiological development of the uterus during pregnancy.

During the last year I have made this operation twenty-three times. In all but three there were intrapelvic or other complications. In ten the appendix vermiformis was removed, either because of a history of definite recurring attacks of appendicitis, or because from its appearance it was deemed wise to remove it. In one case a broad ligament cyst was removed and in several, diseased appendages were taken out. These are mentioned merely to show that there is no difficulty in doing any necessary intrapelvic work through the transverse incision and separation of the recti muscles. In all the cases local office treatment by means of

tampons or pessaries had been resorted to without relief. Most of the cases were in women who are obliged to work, and who preferred to undergo an operation rather than submit to further treatment. The three uncomplicated cases were marked neurasthenics with dysmenorrhea. *While the displacement remains corrected, there has yet been no improvement in the dysmenorrhea, and little or none in their general condition.* There were no deaths or serious complications following these operations. So far as I have been able to follow the cases the results have been all that could be expected.—CHARLES W. OVIATT, M.D., in the *Journal of the American Medical Association*.

## Society Reports--Notes of Interest.

### FIFTH ANNUAL MEETING OF THE CANADIAN SOCIETY FOR THE PREVENTION OF TUBERCULOSIS.

The fifth annual meeting of the Canadian Society for the Prevention of Tuberculosis was held in the Railway Committee-room of the House of Commons on the afternoon of the 15th of March. The gathering was largely attended by medical men from various parts of the Dominion. Among those present were: A. Mackenzie Forbes, Montreal; A. J. Richer, Montreal; John Noble, Toronto; T. V. Hutchinson, London; Rev. Manly Benson, Arnprior; E. Herbert Adams, Toronto; F. A. Lawrence, M.P., Truro; Rev. W. H. Stevens, Montreal; N. H. Arthur, Sudbury; R. F. Preston, Carleton Place; James Third, Kingston; J. D. Page, Quebec; Clarence H. Brown, H. Beaumont Small, Dr. Dewar, George Baptie, F. Montizambert, Ensign Wm. Thompson, Capt. Oldford, Ottawa; R. S. Weir, Toronto; Chas. Hodgetts, Toronto; R. Preston Robinson, Rev. Thomas Garrett, Ottawa; Prof. J. J. Mackenzie, Toronto; P. D. Bryce, Ottawa; J. D. Lafferty, Calgary, N.-W.T.; Sir James Grant, Prof. James Robertson, J. M. Courtney, John Sweetland, J. A. Gemmill, James Manuel, Ottawa; Charles Sheard, Toronto; E. J. Barrick, Toronto; C. A. Daigh, Montreal; D. C. MacIntosh, Lanark; Chas. H. Higgins, J. G. Rutherford, Veterinary Director-General; D. Tamblyn, F. W. Grey, Ottawa; George S. Young, Prescott; W. M. English, London; Rev. A. B. Johnston, Aylmer, Que.; A. F. Jeannotte, Montreal; J. W. Lalonde, Montreal; Wm. Gray, Gatineau Point; W. H. Brunel, Geo. G. McCarthy, A. Harvey, E. Bourgue, D. M. Robertson, W. L. Shirreff, James

Seager, Max O. Klotz, George H. Perley, M.P., Ottawa ; H. Logan, M.P., Amherst, N.S.; Theo. Cypbrit, Montreal, and many others.

Senator Edwards, president of the association, occupied the chair. He opened the proceeding by congratulating the association on the large attendance at the meeting. This showed the great interest taken in the work. This year it was thought better to have just a business meeting, and next year a large convention, occupying two or three days. He referred to the resolution moved by Mr. Perley, in the House of Commons, to the effect that the time had arrived for the Government to take up this great question. The resolution had met with warm approval. A similar resolution was offered in the Senate.

#### SECRETARY'S REPORT.

Rev. Wm. Moore, the secretary, in his annual report, after saying that Earl Grey, shortly after his arrival in Canada, had accepted the place of honorary president, set forth that in accordance with the resolution passed at the last annual meeting, a large deputation from all parts of Canada waited upon the Dominion Government with reference to the establishment of a sanatorium. They were presented by Senator Edwards. The Premier expressed his pleasure at meeting them, and his sympathy with their objects. The sub-committee which was appointed, with Dr. Bryce as convener, with the object of getting County Councils and other public bodies to petition for the establishment of a sanatorium in each province, to be assisted from the Federal treasury, has met with gratifying success. Twenty-four petitions to the Governor-in-Council have come from British Columbia alone. The matter has been warmly taken up in Manitoba, many places raising money for the establishment of a sanatorium in that province, hoping, of course, for some help from the Dominion Government. The British Columbia Association for the Prevention of Tuberculosis and the association of Colchester, N.S., were admitted to affiliation. During the year the secretary delivered fourteen lectures in Ontario, eleven in Prince Edward Island, nine in Nova Scotia, and two in New Brunswick. An attack of illness prevented him from continuing the course. He also lectured before the Lanark County Public School Teachers' Association, and the Eastern Ontario Dairyman's Association. During the eleven months to March 1st the literature distributed amounted to 785,000 leaves. The resolution offered by Sir James Grant last year in favor of a medical inspection of children in the schools, was sent to the Minister of Education of the different provinces, but no indication has yet been received of any intention to take action.

The report from Colchester, N.S., showed that an association was formed there on January 5th, 1905, and has aroused widespread

interest. Observation seems to show that tuberculosis is much more prevalent in Colchester and vicinity than the average for the whole Dominion. The death rate from tuberculosis in that county is one in five.

#### THE FINANCES.

The treasurer's report covered the eleven months ending on March 1st. Its receipts showed cash on hand, \$1,199.73; membership fees, \$13; life membership fee, A. W. Fleck, \$50; Dominion Government grant, \$2,000; collected in small sums at various places, \$182.85; total receipts, \$3,445.58. The expenditures were \$2,513.12, leaving a balance on hand of \$932.48. The treasurer congratulated the association on this showing. He did not know any association that got so much work done for so small an expenditure.

Mr. F. A. Lawrence, M.P. for Colchester, N.S., said a few words, pointing out that Nova Scotia was the first, and as yet the only province to have a provincial sanatorium. It was modest, but it was a good beginning.

Dr Adams, of Montreal, reported on behalf of the branch in that city. He spoke of the tuberculosis dispensary which has been established there, and which is doing an excellent work. He also praised highly the City Council for its grant of \$700, and for the subsequent assistance given by it, as well as its action in appointing one of its health inspectors as the special inspector for the association. During the year several thousand wall cards have been distributed, giving instructions as to the conduct and care of people with tuberculosis and the means of preventing it.

Dr. Barrick said that good progress was being made in raising, by private contribution, the \$25,000 which must be secured before the \$50,000 voted by the municipality becomes available. He hoped that a municipal sanatorium would be a reality in Toronto before long.

#### TO CHECK THE DISEASE.

It was moved by Sir James A. Grant, seconded by Mr. George H. Perley:

That whereas the following resolution was agreed to unanimously by the House of Commons, on the 20th February, 1905, viz.:

"That in the opinion of this House the time has arrived when Parliament should take some active steps to lessen the widespread suffering and the great mortality, among the people of Canada, caused by the various forms of tuberculosis;"

It is hereby resolved that this association do now and hereby respectfully petition the Dominion Government to take such action as may be expedient to constitute a Royal Commission, with authority to inquire into and report upon what active steps should

be taken to lessen the wide-spread suffering and the great mortality among the people of Canada, caused by the various forms of tuberculosis.

It is further resolved that a special committee be appointed by the Executive Council of the association to forward this matter.

Mr. George Perley, M.P., for Argenteuil, seconded the motion. He said that the Executive Committee had come to the conclusion that the best way of getting at the matter was simply to ask the Dominion Government to appoint a commission to interview the authorities of the different provinces to see what they will do, and what form the co-operation between the provinces and the Dominion should take. His impression was that the Government would not take the initiative in doing anything whatever, but would have to be prompted and pushed to it. The sympathy which the movement had received from the members of the House of Commons was greater than its best friends had expected.

Sir James Grant had no doubt that the resolution would receive the closest possible attention from the Government. There were 8,000 deaths annually in Canada from tuberculosis, and the subject was eminently one in which the Government should take action. Sir James also referred to the great work done by the association during the past four years, and expressed strong hope for its future.

Prof. J. W. Robertson referred to the demand made by the Government in the House for a definite scheme as a condition of assistance. He thought that the commission which was asked for might succeed in drawing up such a scheme.

Dr. Sheard, Medical Health Officer of Toronto, remarked that dealing with consumption was an expensive matter, and for that reason municipal and other bodies had sometimes a tendency to shoulder it from one to another. The problem of dealing with a consumptive who is poor was serious. Thus far one result secured by dissemination of literature was to spread just about enough rough knowledge to frighten people, and to cause the consumptive to be more or less ostracized. To deal with consumption properly it was necessary to know what the Government of the Dominion would give, and what the provinces would give, and what would be done by the municipalities.

Some remarks on the subject were also made by Dr. Rutherford, Dr. Hodgetts, Ontario Provincial Health Inspector; Dr. Third, Professor of Medicine at Queen's University, and Drs. Noble and Barrick, of Toronto.

The resolution was adopted.

Senator Edwards was re-elected president, and Mr. J. M. Courtney was re-elected honorary treasurer. The following Executive Committee was selected: Bishop Hamilton, Ottawa; Dr. Charles A. Hodgetts, Toronto; Dr. Adams, Montreal; Dr.

Lachapelle, Montreal; Dr. Botsford, Moncton, N.B.; Mr. F. Lawrence, M.P., Truro; Dr. J. G. Toombs, Mt. Stewart, P.E.I.; Dr. Gordon Bell, Winnipeg, Man.; Dr. J. D. Lafferty, Calgary, N.-W.T.; Dr. C. J. Fagan, Victoria, B.C. Rev. Wm. Moore was re-appointed secretary. His Excellency the Governor-General, the honorary president, will appoint ten more members of the Executive Committee. The honorary vice-presidents are Sir Wilfrid Laurier, Lord Strathcona, and the Lieutenant-Governors of the provinces.

At night, in the Normal School, Prof. Adami, of McGill University, delivered a lecture on "Adaptation and Tuberculosis." It was a timely and instructive contribution upon an important subject. His Excellency Earl Grey presided and delivered a sympathetic address.

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**Fibroid Tumors.** Dr. Barton Cook Hirst stated before the Obstetrical Society of Philadelphia, that he had treated 189 cases of fibroid tumors by some form of surgical procedure. Of these, twenty-seven per cent. were myomectomies while sixty per cent. were hysterectomies. The remainder were made up of vaginal enucleation, oöphorectomy, and ligation of the uterine arteries. Referring to electricity in the treatment of fibroids, he had found it a useful palliative treatment of the hemorrhage in this condition, but had never seen a tumor reduced in size or the slightest benefit except for the hemorrhage.

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**Adrenalin Chloride in Asthmatic Attacks.** Dr. D. M. Kaplan comes to the following conclusions in a paper read before the New York Academy of Medicine with regard to the hypodermic use of adrenalin chloride in asthmatic attacks: That this remedy has a distinct place in the therapeutics of asthmatic seizures; that the effect produced by it apparently substantiated, in certain cases, the vasomotor origin of the seizures. In Dr. Kaplan's experience, the contraindications to the drug were generally overstated; even large doses, freely used, did not give rise to glycosuria, although relieving the paroxysms with greater promptness and certainty than most of the other drugs at our command; the hypodermic use of adrenalin was in no sense curative of the disease as such. In long-standing cases Dr. Kaplan has seen good results follow upon a dose of from 25 to 30 minims, the asthmatic attack being usually cut short in five minutes. He has also used the drug in pulmonary edema with very satisfactory results.

**Appendicitis:** Dr. S. West stated before the Royal Medical and Chirurgical Society the following conclusions with regard to appendicitis: The great majority of all cases of appendicitis (three quarters) recover without operation; some recur and these should be operated on in the quiescent stage, the risk being there very small; when suppuration was manifest or probable, operation should be performed at once; even perforation cases might be less fatal if operated on earlier; the risk of perforation was exaggerated; the opening of the abdomen was not a trifling procedure, but introduced risks of its own; each case must be considered on its own merits and dealt with accordingly; the success of operation largely depended on the skill of the operator, so that a personal factor entered into the results which could not be allowed for in general statistics.

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**Extra-Uterine Pregnancy.** Dr. Wilmer Krusen, before the North-West Medical Society of Philadelphia, gives the following causes of "Extra-Uterine Pregnancy": Mechanical causes which interfere with the downward passage of the ovum; causes resulting from inflammatory conditions of the tubes, ovaries and pelvic peritoneum; physical and developmental abnormalities which favor decided formation in the tubes.

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**Railway Spine:** At the recent meeting of the Medical Society of the State of New York, Dr. Edward B. Angell, of Rochester, N.Y., read a paper on Railway Spine. While Erichsen's classic remains the guiding star of experts, in law and medicine, the ideas of the true pathology yet remain very indefinite. As a rule these cases present exaggerated manifestations unproportionate to the injury received; and in most cases it is a mental rather than a bodily condition, which is quite plain from the shifting of the tender points, and no pathological condition present, there develops a true delusion as to the patient's physical condition. Railway spine is unfortunate, as it is really a brain injury.

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**Hay Fever.** Dr. Otto J. Stein, before the Chicago Medical Society, read a paper recently having for its title: "The Dunbar Antitoxin Method of Treating Hay Fever," in which paper he reported the cases treated by this method. He considers that the remedy must be applied before the onset of the attack, thus regarding the remedy more as a prophylactic one. It proved efficient in all but three of his cases.

**Puerperal Pyrexia.** Dr. W. Hirst Bateman stated before the Rochedale and District Medical Society of England that from the point of view of immediate treatment, it was important to decide whether the rise of temperature was connected with the puerperal condition and then to distinguish between sapremia and septicemia. Treatment should be a calomel purge; if the temperature did not fall within a few hours the uterus should be douched with perchloride of mercury; a mixture of quinine and ergot should be given; if the temperature remained high after two or three douches the uterus should be curetted, douched, and packed with iodoform gauze, the packing to be removed in five or six hours; antistreptococcic serum may be used.

**Gastric Ulcer.** Dr. E. G. Janeway gave before the New York Academy of Medicine the following statistics of cases of ulcer of the stomach which had terminated fatally in that city since 1895, as follows: In 1895, 71 cases, 43 males and 28 females; in 1896, 81 cases, 33 males and 48 females; in 1897, 65 cases, 32 males and 33 females; in 1898, 62 cases, 31 males and 31 females; in 1899, 71 cases, 34 males and 37 females; in 1900, 73 cases, 41 males and 32 females; in 1904, 92 cases, 51 males and 42 females.

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## Physician's Library.

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A BOOK that promises to be of professional value is announced to appear in April from the press of Morang & Co., Toronto. It is a new work on Obstetrics by Dr. Adam H. Wright, Professor of Obstetrics in Toronto University.

J. B. LIPPINCOTT COMPANY announce that they will publish during the present year a translation by Dr. Albion Walter Hewlett, of the Third German Edition of the "Principles of Clinical Pathology," by Dr. Ludolf Krehl, with an introduction by Dr. Wm. Osler, of John Hopkins University. The work is well known in this country and in Europe as an authority upon the subjects treated, and has been copyrighted in the United States under the Interim Copyright Act.

*The Medical Examination for Life Insurance and its Associated Clinical Methods, with Chapters on the Insurance of Sub-Standard Lives and Accident Insurance.* By CHARLES LYMAN GREENE, M.D., St. Paul, Professor of the Theory and Practice of Medicine in the University of Minnesota, member of the Association of American Physicians, Ex-President of the National Association of Life Insurance Examining Surgeons, formerly Medical Director of the Minnesota Mutual Life Insurance Company, etc., etc.

With the great growth of life and fraternal insurance during the past few years practically every physician is engaged to some degree as examiner for some company or association. The physician who in many cases finds this a growing addition to his income very naturally looks for some work that will be of aid in this important field of medicine. Greene takes up this subject in a very attractive and practical manner and his very excellent work will prove of great assistance to the busy physician. The opening chapters are taken up with a history of the growth of life insurance and the various forms of contracts offered by different companies. This is followed by an excellent review of the questions asked of applicants by the examiner and their import. The question of occupation and heredity are carefully gone into and tables are given in illustration. A considerable portion of the work is devoted to physical diagnosis of the chest and abdomen, in which respect the work will be of particular use to the insurance examiner. An excellent chapter is also added on urinalysis, in which the chemical, microscopic and bacteriological examination of the urine is dealt with and the question of albuminuria in relation to life insurance is discussed. The insurance of substandard lives is discussed in a very well written chapter, and the question as to the amount of lien to be placed on the policies of those with slight physical defects is very carefully taken up.

# The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure blackmailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend.

The annual fee is only \$2.50 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

We have a bright and useful future if the profession will unite and join our ranks.

## EXECUTIVE.

President—R. W. POWELL, M.D., Ottawa.

Vice-President—J. O. CAMARIND, M.D., Sherbrooke.

Secretary-Treasurer—J. A. GRANT, Jr., M.D., Ottawa.

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# Dominion Medical Monthly

And Ontario Medical Journal

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## COMMENT FROM MONTH TO MONTH.

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The attention of the profession throughout the Province is again called to the coming meeting of the Ontario Medical Association, June 6th, 7th and 8th next. As was the case last year the sessions will be held in the west lecture hall of the Medical Buildings, Queen's Park. The programme is being rapidly filled and any one desirous of presenting a paper should inform the Secretary at an early date. The officially-invited guests for the meeting are Dr. A. J. Ochsner and Dr. W. B. Pritchard. Dr. Ochsner, Surgeon to St. Augustine's Hospital, Chicago, is he whose aggressive surgery and whose courtesy to many Canadians visiting his crowded clinic, have made him so very popular with men on this side the line. The names of Dr. Ochsner and his friend, Dr Mayo, are, perhaps, more upon the lips of men studying the advances in surgical thought than those of any other two operating surgeons on this continent. Dr. Pritchard, of the Post-Graduate College of New York City, has identified himself by his work in nervous diseases. He likewise is well-known to many in Ontario, his friends predicting for him a very warm reception here.

The President of the Canadian Medical Association, Dr. John Stewart, of Halifax, has been paying a visit to Montreal and Toronto in the interests of the next annual meeting of that body, which is to take place from the 22nd to the 25th of August, in the city down by the sea. There has not been a meeting of the Canadian Medical Association in Halifax since 1881, and the number present at that meeting just numbered fifty-three. That was twenty-four years ago. The meeting was held on the 3rd and 4th of August, and Dr. William Canniff (now in Toronto) was the president. Dr. William Osler was elected general secretary. Amongst those present at that meeting were Dr. Adam H. Wright, Toronto (who we believe acted as secretary in the absence of the then secretary, Dr. David of Montreal); Dr. William Canniff, Toronto; Dr. Daniel Clark, Toronto; Dr. A. B. Atherton, Fredericton; Dr. William Oldright, Toronto; Dr. F. R. Eccles, London, Ont.; Dr. James Stewart, Brucefield, Ont. A page and a half held all the signatures on the Treasurer's register, where at the annual meetings now-a-days eight to ten pages are required. From Montreal, Drs. Robillard, Fenwick, Bessey, Hingston and Ross were present, the bulk of the attendance coming from Nova Scotia, which contributed thirty-four. Six came from New Brunswick and none from Prince Edward Island. We believe that the Maritime Provinces alone have a medical population something like 800, from which 200 should be got together to a great medical convention like this is going to be. There will almost be sure to be from 100 to 200 present from Quebec, Ontario, Manitoba and the West. Indeed, the signs are good that every province will be fitly represented as it ought to be. An interesting item showing the signs of the times and the advances which have been made since, was a notice of motion at the last Halifax meeting, presented by one of the members: "Whereas the system of specialism and specialists which at present obtains to a certain extent in the Dominion and which has developed to very large proportions in the neighboring Republic, is for the most part the outgrowth of superficial professional education and a want of success as practitioners of medicine and surgery, therefore resolved: That it is the opinion of this Society that specialism should be discountenanced by the members of the Society, and that specialists, except in the rare cases where long experience, extended study and peculiar aptitude have placed a medical man in a special position towards his brethren, should be treated and looked upon as irregular practitioners. Be it therefore resolved, that the members of this society pledge themselves to do all in their power to check the growth of this species of evil."

One or two incidents of the past month invite our attention to patent medicines once again. It will not be necessary to say any thing about analysing any of these multifarious nostrums. We simply desire to call attention to two very commendable articles appearing in the March and April issues respectively of that well-known periodical, *The Ladies' Home Journal*, from the pen of the talented editor thereof, Mr. Edward Bok, who is an uncompromising opponent of fraud as it stalks forth in the guise of patent medicines. It is gratifying that the opposition is a genuine and consistent one, for no patent medicine concern could purchase a single line, to say nothing of a page, wherein to besmirch the pages of that journal and damage the health and physical well-being of its readers. It would appear to us that it is about time that some legislators moved in the direction of keeping these articles and their mendacious advertisements out of our country. An article which is manufactured in Cincinnati, for instance, or any other point in the United States, of the patent medicine variety, should be totally prohibited importation into Canada. We desire as well in this connection, speaking of magazine articles, of a medical character, to call attention to the fact that *McClure's Magazine* is another high-class periodical prohibiting patent medicine advertisements. In the April issue of this magazine there is a readable and highly interesting article by Dr. Wilfred Grenfell, who devotes his life and his energies to the fisherfolk of Newfoundland and Labrador. The first number of a new magazine, the *Grand Magazine*, will scarcely appeal to the medical profession on account of a nasty article, which seeks to stir up strife by endeavoring to turn people away from hospitals where clinical instruction is allowed. 'Tis strange how some people would do away with this and that, never for a moment thinking that the very best thing they could do would be to do away with themselves.

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Talking about advertisements, medical men are in duty bound to read or to look at, at the least, from time to time, if not every week or month, the advertisements appearing in the front and rear forms of their medical journals. Why is it incumbent on the medical profession to give a few moments each month to an inspection of the advertising pages of the medical journals? Simply because of the fact that there is not a medical journal published which could profit and live by subscriptions alone, unless, indeed, it be the journals of strong and powerful organizations. As the medical profession must look to and depend upon medical journals for diffusion of knowledge, medical journals are therefore necessities, though all are willing to admit that we could get along with half the number at present published. If, then, manufacturers

of chemicals, physicians' and surgeons' supplies, come to the aid of the medical journals and by so doing help the diffusion of good and practical as well as scientific knowledge through the medium of the medical press, ought not the medical profession to realize that they have some duty to perform in this direction? The medical journal and those interested therein stand as a medium between the manufacturing and supply houses on the one hand and the profession on the other; and in ways which are not apparent to the eye nor yet preached from the house tops, does a certain amount of good, more in fact than chronic fault-finders, who can only sneer and emit spite on the conduct of medical journals and their advertising pages in particular. Plain speaking is generally honest speaking; and we cannot help saying it, after due consideration of the subject, that that house which advertises in the medical journals is the house which should be patronized by the medical profession, and that that house which is too small and too mean to help along medical journalism, even a trifle in some direction, does not deserve the patronage of the medical profession. This is, practically speaking, preaching a boycott, and a boycott seldom, if ever, appeals to honest or decent men; but where there are large manufacturing houses making millions of money out of the medical profession and doing absolutely nothing but making money out of that profession, and never returning one cent or one dollar to it, its associations or its medical press, or its medical colleges, the call to boycott them in the interests of those houses who do spend money in reaching the medical profession through the medium of the medical press is just. The houses which do something for the medical press or the medical associations are the houses which should receive the loyal support of the medical profession. We are very well aware of the fact that this doctrine will not receive endorsement in certain quarters, and that in others it will. We are perfectly well aware, too, of the fact that the doctor, like any other individual, will follow the instincts of economics, and purchase where he gets cheapest and best; but we are well aware, at the same time, that there is a just and righteous *esprit de corps* in the body medic which is not to be found in any other class or body of men; that the profession of medicine, on great, broad and liberal lines, cares more for the tenets of its ethics, than for mere paltry financial gain, and that when once brought to a clear understanding of the fact that there are some houses which deserve their sympathy and patronage, and that there are others which are quite beyond the pale of their attention or support, will follow out, on these lines, the dictates of a reasoning and righteous mind.

## News Items.

### CANADIAN.

DR. H. B. ANDERSON, Toronto, is in Atlantic City.

DR. LEEMING has been appointed bacteriologist of the city of Winnipeg.

A MOVEMENT is on foot to establish a hospital for railway men in Winnipeg.

DR. J. D. LAFFERTY, Calgary, has been visiting Ottawa, Montreal and Toronto.

LORD STRATHCONA will donate a Nurses' Home to the Royal Victoria Hospital, Montreal.

IN 1904 the Victorian Order hospitals treated 2,898 cases throughout the Dominion of Canada.

DR. A. P. PROCTOR, Kamloops, B.C., has taken residence in Vancouver, and will practise there in the future.

THE Ontario Government is likely to give a grant of \$25,000 to the Muskoka Free Hospital for Consumptives.

MR. W. T. BARRETT, of Dawson, is on his way home after spending two months in the New York Hospitals.

DR. J. GEORGE ADAMI, professor of pathology in McGill University, has been made a Fellow of the Royal Society.

DR. W. H. B. AIKINS, Toronto, who has been in Europe for the past three months, sails for Canada on the 25th April.

- DR. A. E. VIPOND, who has been in Europe for the past year and a-half, has returned and resumed practice in Montreal.

WINNIPEG is to have a fine new Medical College building situated contiguous to the General Hospital, to cost \$50,000.

DR. WILLIAM CANNIFF, who was the first Medical Health Officer of Toronto, is here again after an absence of ten years.

THE Southern Medical Association of Manitoba and the Winnipeg Medical Association met in Winnipeg on the 7th of April.

DR. J. F. W. ROSS, Toronto, has returned home after spending three months in Southern California, Texas, New Orleans and St. Augustine, Florida.

THE births in British Columbia in 1904 numbered 2,139, the marriages 1,252 and the deaths 1,734. Pneumonia claimed 104 victims, and tuberculosis 79.

IT is understood that complete arrangements have been made whereby the Medical Faculty of Bishop's College University, Montreal, will amalgamate with McGill.

DR. H. G. MCKID, Calgary, N.W.T., recently entertained Dr. Chown, of Kingston, and Dr. H. H. Chown, of Winnipeg. A number of Calgary medical men were present.

THE *Canada Medical Record*, Montreal, has ceased publication and has been amalgamated with the *Montreal Medical Journal*. Dr. F. W. Campbell, Montreal, was the editor.

MONTREAL registered 7,351 deaths in 1900, 6,915 in 1901, 7,954 in 1902, and 6,895 in 1903. In the same years the deaths from tuberculosis were 692, 647, 664 and 633 respectively.

THE *Bulletin Medicale de Quebec*, Montreal, is advocating the formation of small medical libraries in districts and the formation of county and district medical societies, where the leading medical literature of the day would be always ready at hand for reference.

THE new Medical Council of British Columbia consists of the following: Victoria, Drs. John C. Davie, O. M. Jones and Charles J. Fagan; Vancouver, Dr. R. E. McKechnie; New Westminster, Dr. R. Eden Walker; Kamloops, Dr. A. P. Proctor, who has since removed to Vancouver.

DR. SIMON J. TUNSTALL, Vancouver, B.C., has been elected President of the Graduates' Society of McGill University of that province. Dr. W. J. McGuigan was re-elected secretary. We are pleased to announce that Dr. McGuigan, who has been at Harrison Hot Springs, is regaining his usual health and vigor.

DR. JAMES STEWART, Montreal, and Dr. F. W. Campbell, Montreal, are stated to be recovering from very severe illnesses.

NEW BRUNSWICK MEDICAL COUNCIL.—The following were the officers elected at a meeting of the Medical Council of the College of Physicians and Surgeons of New Brunswick on the 27th of March: President, Dr. A. B. Atherton, Fredericton; Treasurer, Dr. Thomas Walker, St. John; Registrar, Dr. Skinner, Fredericton.

WINNIPEG GENERAL HOSPITAL.—The report says that during the year there were 3,868 patients treated, with an average course of treatment of 19½ days. In 1903 there were 3,354 patients, and in 1902 there were 2,928 treated. A call is made for more funds, as during the year there were very heavy expenditures both in extensions and in maintenance. The decrease in the death rate was noted, while attention was called to the unusually large number of typhoid patients who were treated. The general cash statement shows that during the year the total receipts amounted to \$168,629.06, to which is added an overdraft at the bank of \$6,911.82. The total expenditures amount to \$175,636.63, leaving cash on hand \$1,213.63. The medical report shows that of the 3,868 patients treated during the year, 271 died, a proportion of 7.06. The percentage of mortality in 1903 was 7.45, and in 1902 it was 6.45. The total number of typhoid patients treated was 728. Of these 180 were admitted during the month of October, and 166 in September. On October 10 there were 178 typhoid patients in the hospital, and between October 1 and Dec. 15 there were never less than 148 cases in the wards. The following are the statistics for the year ending Dec. 31, 1904: Number of patients in hospital Jan. 1, 1904, 151; number of patients admitted during the year, 3,576; number of births during year, 141; total number of patients, 3,868; total number of days' treatment, 75,228; average number of days' stay per patient, 19.45; average number of patients per day, 206.03; greatest number of patients in one day, 287; least number of patients in one day, 149; outdoor department, consultations, 4,772; number of children under 12 years treated, 455; number of deaths, 271; percentage of deaths, 7.006; number of operations, 1,042; ambulance trips, 1,461. Of the total number of patients treated 36.7 per cent. were Canadians, the nativity figures being as follows: Canada, 1,421; England, 828; Scotland, 231; U.S.A., 139; Ireland, 131; Iceland, 75; Austria, 75; Russia, 114; Galicia, 150; Sweden, 120; Germany, 95; Poland, 34; Denmark, 21; France, 5; Belgium, 4; Wales, 10; other, 415.

OFFICE OF THE PROVINCIAL BOARD OF HEALTH—DEATHS FOR FEBRUARY, 1905.—The returns for the above month are somewhat more complete than for the same month last year, and

it is gratifying to know that the number of deaths reported are less. In February, 1904, the Division Registrars reported 2,332 deaths with a death rate of 14.4 in 1,000, while for the corresponding month this year 2,263 have been recorded, representing a population of 1,935,897, which makes the mortality rate 14.0 in 1,000. The cities, towns and villages reported 1,294 from a population of 927,000, which brings the death rate up to 16.1, but the rural districts returned only 1,014 deaths from a population of 1,008,897, giving a death rate of 12.6. Small-pox has reached a very low point, only 8 cases occurring during the month as against 41 with 1 death a year ago. Scarlet fever shows a case reduction, but a slightly increased death rate; of the 209 cases and 16 deaths that have occurred, 141 with 9 deaths were reported from the cities and towns, which makes a case mortality of 6.3 per cent., and in townships 68 cases and 7 deaths took place, making a case mortality of 10.3 per cent. Diphtheria has not been so prevalent, as may be seen by the comparative table; cities and towns returned 216 cases with 28 deaths, and the rural districts 54 with 7 deaths, the case mortality being the same in both, 12.9 per cent. Typhoid fever shows but little change, while tuberculosis caused 165 deaths, or 20 less.

COMPARATIVE TABLE.

DISEASE.	1905.		1904.	
	CASES.	DEATHS.	CASES.	DEATHS.
Smallpox.....	8	0	41	1
Scarlet Fever.....	209	16	251	13
Diphtheria.....	270	35	289	43
Measles.....	119	2	41	1
Whooping Cough.....	22	3	36	16
Typhoid Fever.....	43	19	60	18
Tuberculosis.....	177	165	185	185
	848	240	903	277

## UNITED STATES.

THE American Medical Association meets in Portland, Ore., from July 11th to 14th. As a number of British Columbia practitioners purpose taking in this meeting, they will be glad to know that Dr. Kenneth McKenzie, who was a guest at the Vancouver meeting of the Canadian Medical Association, has charge of the arrangements and entertainment of visiting delegates.

CASTRATION OF IMBECILES.—The Pennsylvania legislature has passed a bill authorizing castration in cases of hopeless imbecility.

CEREBRO-SPINAL MENINGITIS has claimed 386 lives in Greater New York for the first three months of this year, most of the victims being children.

DR. WILLIAM OSLER is to be given a farewell banquet at the Waldorf Astoria, New York, on the evening of May 2nd. Invitations to subscribe to this dinner may be obtained by applying to the chairman, Dr. James Tyson, 1,506 Spruce St., Philadelphia.

THE Ohio State Board of Health has issued leaflets to physicians to give to their patients suffering from venereal diseases. These inform the patient of the hygienic measures to be adopted to protect himself and others who come in contact with him.

DR. LEWELLYS FRANKLIN BARKER, a graduate of the University of Toronto, has been appointed to succeed Dr. Osler as Professor of Medicine at Johns Hopkins University. Dr. Barker has been Professor of Anatomy at Rush Medical College, Chicago, for the past five years.

BILL TO BAR THE SALE OF DRUGS.—A Chicago member of the Illinois legislature has a bill before that body which proposes that morphine and opium be sold only on physicians' prescriptions. The bill further stipulates that a druggist will not fill a prescription unless certified to by the physician who gave the original prescription.

### BRITISH AND FOREIGN.

PATENT MEDICINE ADVERTISEMENTS BARRED.—A new law in Norway forbids newspapers advertising all foreign patent medicines.

## Special Selections.

### NOTE ON CHALYBEATE THERAPY.

BY WILLIAM KRAUSS, PH.G., M.D., MEMPHIS, TENN.

There have been volumes written on chalybeate therapy and the controversies upon the absorbability of this or that form of iron have occupied the attention of clinicians for many years. Among the many preparations claiming the attention of clinicians, the one devised by Dr. Gude, chemist, of Leipzig, has received the endorsement of the ablest men on both continents for ten years. The writer has used it to the exclusion of all others, with the exception of a few disappointing experiments with others claiming equal merit, and has published two papers upon the subject.

It would seem that when one has used a certain medicament for years and with uniformly good results, and especially if this agent definitely eliminates the shortcomings of formerly employed products of the same elements, one is apt to take its effects as a matter of course, and further discussion would seem useless, or at least superfluous. When it happens, however, as is usually the case after a certain article has had a successful career, that many similar products strive to take the place of the original, generally resulting in disappointment to the user, it becomes a duty to take stock of the evidence in the case and see how far the confidence in the one and the distrust of the other is justified.

For this reason I have had compiled from separates and reprints some of the results of a few trustworthy observers.

1. *Secondary Anemia*.—H. D. Peterson (*Chicago Medical Recorder*, 1896), treated many cases, reporting 5 in detail, and says: "Repto-Mangan is easily absorbed by the digestive tract without any disturbance of the same, is not injurious to the teeth, and produces no constipation."

Dr. J. W. Frieser, Vienna (*Therapeutische Monatshefte*, February, 1902), reports treating many cases, among which he made detailed studies upon 43 cases and summarizes: "It can be warmly recommended for extensive use in the treatment of anemic conditions."

Dr. Hugo Summa, St. Louis (*New York Medical Journal*, 1895), recommends its use after tests in 34 cases, saying: "It is especially worth mentioning that no bad alter-effects could be detected. In this connection I call special attention to the absence of constipation that could be traced back to the use of this preparation.

Dr. Sam'l Wolfe, Philadelphia, reports upon 50 cases observed during about four months, and concludes: "That Pepto-Mangan is a highly available preparation of iron, on account of its liquid form, pleasant to taste, non-corrosive action on the teeth and unirritating effect on the digestive organs, admitting thus of easy gradation of dose, easy administration to children and avoidance of unpleasant effects in all cases. That it is an efficient and rapid restorer of the normal quantity and quality of the blood, etc."

Dr. Fritz Euler-Rolle, Vienna (*Wiener Klin. Rundschau*, March 29, 1903), mentions 14 cases of anemia, besides a number of cases of other diseases, in a very complete report in which he is pleased with its absorbability and (on account of the abundance of peptone it contains) its food value in delicate stomachs, and finds it free from all the objections usually urged against iron preparations, and its results prompt.

Dr. C. A. von Ramdohr (*New York Medical Journal*, June 26, 1897), in connection with some gynecological cases, reports 7 cases of anemia, in which there was a rapid improvement.

Dr. H. P. Loomis, in a paper before the New York Academy of Medicine (June 18, 1893), reports a number of cases, 8 in detail, in whom there was a rapid increase in red cells and hemoglobin, and in most cases with no constipating effect.

Drs. Diago and Benitez, Superintendent and Chief of Laboratory, Hospital No. 1, Havana, Cuba (*Progreso Medico*, Havana, April, 1902), report 6 cases in detail and summarize as follows: "We may say conscientiously that it is the best remedy we know of for the purpose, and that we do not hesitate to commend it to the profession, especially our confreres in Cuba, as an iron preparation that possesses all the advantages that can be demanded of such a remedy and none of the disadvantages that are characteristic of other iron preparations. We would especially emphasize also that Pepto-Mangan (Gude) is very pleasant to the taste, and is most easily taken by patients of all ages and with the most delicate digestions."

Dr. Juan Pablo Garcia, Havana (*La Revista Medica Cubana*, August 1, 1902), says: "I have had the opportunity of testing the efficiency of this preparation of iron in a large number of cases in both hospital and private practice, and have found it the most satisfactory iron compound that has come under my notice. It is

not at all constipating, its taste is not astringent, so that it lacks the great disadvantages of most other iron compounds." He says further that it causes no disturbances of digestion and its therapeutic efficiency has been attested by the best clinicians throughout the world.

Dr. Louis J. Gravel, Physician-in-Chief to the Hotel Dieu, Montreal (*Buffalo Med. Jour.*, August, 1903), prefers the term dysemia, meaning "bad blood," reports 13 cases with blood examination, and says: "Comparing my results with Pepto-Mangan (Gude) with those obtained from other chalybeates of this class, I have been led to give it decided preference."

Dr. Chibas and George A. de Santos Saxe, of Columbus Hospital, New York (*Int. Jour. Surg.*, June, 1903), report 40 cases, with tabulated results and complete bibliographic review (which has facilitated this compilation very much), and say they have used it in the hospital for over two years in anemic convalescents with uniformly satisfactory results. "In no case did constipation, nausea, headache, or digestive difficulties follow its administration."

Dr. Hermann Metall, Assistant Physician at the General Polyclinic, Vienna (*Med. Chir. Centralblatt*, January, 1902), reports 23 cases of anemia consequent upon a variety of conditions, of which 12 showed a normal hemoglobin per cent. after 14 days, 5 after 3 weeks and 5 after a month. He concludes that it is "a reliable and valuable blood-building remedy, which can be recommended for general use in appropriate cases."

2. *Anemia Consequent Upon Special Conditions.*—Dr. Mateo M. Guillén, at Randall's Island Children's Hospital, gives a tabulated report of 32 cases of infantile anemia with very elaborate blood chart, including some very desperate cases of cachexias, and says: "In no case did we have to suspend treatment on account of any untoward influence on the delicate organisms of sick infants." Three cases classed as hopeless made a complete recovery. The paper is very instructive.

Dr. J. M. Frieser (*vive supra*) also reports great success in infantile anemia.

Dr. J. K. Bauduy (*St. Louis Medical Review*, February 26, 1898), reports upon a number of cases of neurasthenia, 12 of them in detail, with blood examinations by Dr. Carl Fisch, and says: ". . . The results, however, were indeed a surprise to myself, for the concomitant deranging sequelæ were so slight that but in very few instances in my extensive utilization . . . was I obliged to discontinue it. . . . This particular remedy, I am now convinced, will prove a great boon to the patient and the physician. . . . Of course we do not consider the remedy

applicable to cases of lithemic neurasthenia, nor in any manner a specific in any variety of neurasthenia."

Dr. Ludwig Pohl, City Physician, Vienna (*Aertzt. Centr. Anzeiger*, September 20, 1899), has used Pepto-Mangan (Gude) in over 100 cases of chlorosis, anemia, neurasthenia, hysteria and malarial cachexia, and says: "I have previously mentioned that it may be positively assumed that Pepto-Mangan (Gude) stimulates the hemopoietic organs to increased activity. . . . Decided amelioration in the leukemic state, arrest of the process in severe cases for a long time, reduction of the glandular swellings, improvement in the relation between the red and white corpuscles, were noted by me in several cases."

Dr. J. S. Perekhan (*Chicago Clinical Recorder*, 1896) reports a number of cases, 6 in detail; Dr. C. A. von Ramdohr (*vide ref. supra*) 12 cases in detail; and Dr. Gellhorn, at Mackenroth's Clinic, Berlin (*Therap. Monatshefte*, 1897), mentions 60 cases, some in detail, all of gynecological patients with a variety of conditions, some post-operative, and all testify to the improved blood findings, Dr. Gellhorn concluding as follows: "I feel justified in asserting that in my therapeutic trials with Pepto-Mangan I obtained all that can be rationally demanded."

In surgical conditions calling for improvement in the blood, Drs. Stuart McGuire (*Vir. Med. Semi-Monthly*), 20 cases, and George G. Van Schaick (*New York Med. Journal*, June 2, 1900), 50 cases, report favorable results. The latter concludes: "We have in such a preparation as Pepto-Mangan (Gude) a means of obtaining good results with a certainty that is almost mathematical, and without any of the distressing symptoms so frequently following the use of the inorganic iron preparations."

Dr. H. Edwin Lewis, Burlington, Vt. (*Vt. Med. Monthly*), Dr. Ed. C. Hill, Denver, Dr. W. O. Davis (*New York Int. Jour. Surg.*, September, 1902), together with some of the authors already mentioned call especial attention to the value of the preparation in irregular menstruation, sterility and other sexual anemias in women.

Dr. Karl von Ruck (*New York Medical Journal*) finds in Pepto-Mangan (Gude) the best preparation in the anemia of tuberculosis, being more efficient and more easily borne; he had used it in 70 cases, 12 being reported in detail, in some of which comparative tests were made with other iron preparations. Other observers also mention it in tubercular anemia.

Cachexia finds especial mention by Fritz Euler Rolle, Pohl, and Fasano, the latter professor at Royal University, Naples (*Arch. Int. di Med. e Chir.*, March, 1899), discusses iron medication in detail, calling special attention to the chemistry of the subject and

reports having treated primary anemia, 20 cases; chlorosis, 25 cases; malarial anemia, 7 cases; tubercular anemia, 8 cases; uterine diseases, 11 cases; scrofulosis, 12 cases; rachitis, 10 cases; convalescents of exhausting diseases, 15; total, 108 cases. He says: "To recapitulate, Pepto-Mangan (Gude) not only deserves the place it has already acquired in therapeutics, but it merits even greater recognition, because all clinicians ought to make use of it in pathological processes in which the object is to restore to its normal condition the altered quality of the blood."

After this array of evidence it is only necessary to add that since this constitutes about all the clinical literature upon which our knowledge of the subject is based, it is rather significant that it was all done upon this particular product. In no instance is it claimed that the preparation is as good as something else, but it is simply set forth by the observers that this was the preparation used and that it met these indications in the manner described. Since there is no official preparation that meets these requirements the manufacturers of Pepto-Mangan (Gude) deserve all the credit which the product has earned for them.—*The Charlotte Medical Journal*, February, 1905.

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## THE TREATMENT OF MENSTRUAL DISORDERS, WITH SPECIAL REFERENCE TO CASES IN WOMEN SUFFERING FROM MENTAL DISEASES.

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BY GEORGE S. WALKER, M.D., STAUNTON, VA.

First Assistant Physician in Charge of Female Department, Western State Hospital, Staunton, Va., etc.

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The connection between disorders of menstruation and disorders of the brain and nervous system has long been an established fact. The dependence of the psychic functions of women upon the menstrual function; the effects of the menopause upon mentality, are all subjects that have received the attention of clinicians for many years. It is a well-known fact, correlated to the peculiar connection between the mind and the sexual apparatus, that amenorrhea is not infrequently met with in the insane. The problem as to how to treat insanity is one of the most difficult in therapeutics; and in the modern conception of this treatment all agents that tend directly or indirectly to further the equilibration of the mental functions have a legitimate place.

One of the most difficult phases of this problem is the treatment of the menstrual disorders in insane women, and the importance of correcting any such disorders in this class of patients is realized by all who are aware of the fact, noted by numerous clinicians, that the improvement of the menstrual function leads to a marked amelioration in the mentality of these patients in very many instances.

In an institution like the hospital with which I am connected, we naturally come face to face frequently enough with the question of treating the amenorrhea that is noted as an accompaniment of mental disease, and for a long time I have been experimenting with various therapeutic agents recommended for the treatment of menstrual disorders without obtaining perfect satisfaction from any, until I tried the method of treatment which I am about to describe.

What I was looking for was a safe and efficient emmenagogue, which gave positive results in cases of amenorrhea, dysmenorrhea, and suppressed menstruation, without either exciting or depressing the patient, without causing any disturbances on the part of the digestive tract, or the urinary tract, such as are met with in the use of most of the remedies classed as emmenagogues.

I knew that apiol, the active principle of *Apium petroselinum*, linne (parsley), was a substance that had been long known to possess marked emmenagogue properties, but that had not been used extensively in this country on account of certain unpleasant after-effects connected with its administration. On investigation, I found that apiol was first isolated by Joret and Homolle in 1855, and was at first recommended for malaria, as a substitute for that specific of specifics—quinine. Later its emmenagogue virtues became known, but it found far less favor in this country than in France, the American physicians being especially prone to reject any remedy that has disagreeable after-effects. Apiol seemed to me the ideal emmenagogue, and I was even tempted to try it, administering it in some way as to neutralize its irritant action, when I came across a statement in an article on the subject, to the effect that the apiol of the market, no matter where purchased, was full of a series of impurities, and that the bad after-effects of this drug were due to these impure elements.

The ordinary apiol of commerce, it seemed, was simply a mixture of impure principles obtained from parsley by extraction. The question was, therefore, to obtain such a preparation of apiol that eliminates the impurities that do the harmful work of the ordinary preparation. A number of chemists, in various countries have tried to purify apiol with varying success, but finally, within the last few years a pure product was obtained. It seems that the preparation which contains the purest product obtainable, which was prepared by the new process mentioned, is a pharmaceutical

compound known as Ergo-Apiol (Smith). Seeking, as I said, a preparation of apiol which would give satisfactory results in amenorrhea, dysmenorrhea, and suppressed menstruation, especially in the insane, and that would not produce any undesirable after-effects, I determined to try Ergo-Apiol (Smith), a liquid substance dispensed in gelatine capsules, which contains the pure apiol described above, and in addition to a combination of emmenagogues that immediately appealed to me as calculated to enhance the efficiency of the whole remedy, namely ergot of rye, oil of savin and aloin.

I selected a series of cases in the hospital, each of which was characterized by a more or less pronounced menstrual disorder of some standing, and administered no other medication for the treatment of the disordered menstruation than Ergo-Apiol. I cite, in illustration, three cases in which the remedy in question was employed. They are only examples of the experience I had with it.

CASE 1.—Miss V. F., aged twenty-one years, was admitted June, 1901. She said she had not menstruated for nearly a year, and attributed her suffering in body and mind to this fact. She was despondent, and on the verge of committing suicide. The reflex effects of the uterine disturbance were also manifested by the derangement of function in nearly all the organs. There was entire loss of appetite and a practical cessation of digestion, accompanied by pain after eating. In October, 1901, I began to give her two capsules of Ergo-Apiol (Smith) three times a day until after her expected periods, without any effect. During the month of November I gave her two capsules three times a day and continued the treatment until December 12th, 1901, when her menstruation returned in a perfectly normal manner. No unpleasant after-effects whatever were noted at any time during the treatment. She improved both mentally and physically during the time of taking the emmenagogue, and her condition was so remarkably ameliorated that she was discharged cured when the menstrual function had been re-established.

CASE 2.—Miss M. B. S., aged twenty-four years, had been suffering from amenorrhea for a year, which persisted in spite of all treatment. She was melancholy, and had a very poor appetite and other disturbances due to her suppressed menstruation. In November, 1901, I began giving her two capsules of Ergo-Apiol (Smith) three times a day. I continued this treatment without any appreciable effect, except that the patient seemed to feel more comfortable, and at certain times during the month she experienced the subjective sensations accompanying the onset of menstruation. Finally, her menses returned on April 21st, 1902. The menstruation was perfectly normal. One week before the

next succeeding period I gave her two capsules of Ergo-Apiol (Smith) three times a day, and when the time came for the onset of the flow it appeared in a normal manner. The remedy was continued in doses of one capsule three times a day while the flow lasted. Since the re-establishment of her normal function the patient has gained both mentally and physically, and regained her mental balance and her usual cheerfulness, so that she was discharged cured.

CASE 3.—Miss L. D. C., aged fifteen years, a girl of fine physique, who had first menstruated at the age of nine years, but always very irregularly. The menstruation disappeared for a year and then returned. When admitted she was very irregular, with a scanty flow that lasted but one day, and was accompanied by severe pain in the head, loins and pelvis. A week before her expected period in January, 1902, I began giving her one capsule of Ergo-Apiol (Smith) three times a day. At the end of one week her menstruation returned, and lasted four days, the flow being normal in amount and accompanied by very little pain. The same treatment was pursued in February with similarly good results, and from that time on the function was fully established and remained so. There was a marked improvement in both physical and mental condition and she was discharged from the hospital cured.

From my experience with Ergo-Apiol (Smith) and from the experience of a number of other observers, whose findings are published in the literature of the past few years, this remedy represents an emmenagogue of the highest type of efficiency combined with the inestimable advantages of safety, trustworthiness and absence of any unpleasant after-effects. It is probable that Ergo-Apiol owes its efficiency to the particular type of apiol that it contains, the pure product from which all irritating and injurious impurities have been removed. But it is unquestionably also the accessory remedies, which enter into the combination that contribute to the efficiency of the whole. Ergo-Apiol was easily and agreeably taken by all the patients to whom I administered it, and in no case was there any nausea, eructation, or any other gastric disturbance. Unlike most other emmenagogues, it requires only small doses continued for a comparatively short time to bring about the desired therapeutic effects. Ergo-Apiol (Smith) has not only a stimulating effect upon the menstrual function in amenorrhea, but also a tonic effect upon the muscle fibres of the uterus, for after it has been administered for a few months, the uterus is almost always able to resume its function without any further aid from external sources.

In conclusion, I may note the fact that the treatment of amenorrhea in the insane is always a matter of greater difficulty than in persons with normal minds, and that a remedy that pro-

duces perfect therapeutic results, such as I have noted with Ergo-Apiol (Smith) in insane women, may be expected to perform the same services even more promptly in the average case of amenorrhea as met with in ordinary family practice. This is proved conclusively in the numerous cases reported by various observers who employed Ergo-Apiol (Smith) in menstrual disorders, and a partial list of whose publications appear in the annexed bibliography. Ergo-Apiol in the shape of capsules administered three times daily in doses of one or two beginning a little before the expected menses, and continuing through the period, has proven the most efficient, prompt, safe, and pleasant emmenagogue that I have ever employed. My experience with the drug was such as to lead me to adopt it as a routine treatment in amenorrhea.

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